POSITIVE SOCIAL SUPPORT NEWSDIGEST
A "BEING ALIVE" PROGRAM

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SACRAMENTO, CALIFORNIA

January/February 1992

For people who are HIV positive and for those who are supportive

Stan Hadden - A Legacy of Hope

We Accept AIDS Deaths Too Easily

by Anita Creamer
Sacramento Bee Columnist

Just inside the entrance to the church, flanking the center aisle, were two photo collages of Stan Hadden's life.

These were mementoes of happier times of a life that ended too soon.

Here's Hadden as a child, a little boy with horn-rimmed glasses and dark hair, back home in Michigan. Here he is as a young man, smiling and happy, and here he is with family members, with friends and with co-workers from Sen. David Roberti's office, where Hadden helped craft much of California's AIDS-related legislation.

The people who counted in his life gathered at St. Francis of Assisi Church on a Friday afternoon early in January to remember Stan Hadden, and to mourn his death on December 2 at age 35.

The death of an AIDS activist, one infected with the human immunodeficiency virus, is not unexpected.

I think that's one of the many emotional stumbling blocks we face in dealing with AIDS: We accept AIDS-related deaths as inevitable. We nod and sigh and turn away even as we chalk up the numbers and names on our personal blackboards of ever-increasing statistics.

Friends gone, celebrities vanished from this life, activists dead: The numbers make us numb. The depth and breadth of the illness' sweep leaves us feeling powerless, leaves us feeling our actions are pointless.

Yet there are those who try, struggling even in the face of the inevitable, just as Stan Hadden did.

He'd already buried 68 friends, he said in an interview last spring.

He'd experienced the loss again and again and again.

I can't begin to imagine the grief, and the anger.

Yet he continued, as long as he could.

And he kept count.

"It's very difficult to be here today," Dr. Sandy Pomerantz, a co-founder of the Sacramento AIDS Foundation who retired to Phoenix after he developed symptoms of AIDS, said at Friday's service.

He looked small and frail underneath the church's soaring, arched ceilings, in the shadows of the rich stained glass depicting scenes of suffering and salvation. His voice was strained and choked with tears.

"As a person with HIV, you don't know if the next memorial service will be your own."

Why have we come to accept so easily as part of our complicated modern world that so many of our young should die?

A compassionate society would see past the numbers, the labels and stereotypes. It would not cast blame, in thundering and self-righteous tones.

See ACCEPT on page 13

Stan Hadden (1956-1991)

Contributions to AIDS Policy Far-Reaching

Stan Hadden, whose vision, dedication and compassion will continue to effect and benefit thousands of people who never met him, died at his home on December 2, 1991 from complications to AIDS. He was honored during a memorial service attended by 600 friends, family members and colleagues on January 20 at St. Francis of Assisi Church in Sacramento.

Stan, who served on *PSSN's* Editorial Board and wrote the closely-followed "Politics and HIV" column, leaves a legacy of major AIDS policy which has become a model for programs throughout the United States.

While serving as Special Advisor to Sen. David Roberti, Stan helped create innumerable pieces of AIDS legislation and served on literally every major AIDS committee in California. He was also a founding member and Board member of the Sacramento AIDS Foundation and the Center for AIDS Research, Education and Services (CARES).

Contributions may be made to the Stan Hadden CARES Fund, Sacramento Regional Foundation, 1420 River Park Drive, Suite 140, Sacramento 95115.

A Remembrance...

by Ken Topper

"Stan made a difference" "Everyone liked Stan" "Stan is a mentor" "Stan was my friend" "I learned a lot from Stan" "I feel very privileged to have met Stan" "I deeply admired Stan" "Stan was a phenomenal role model" "His bravery was almost unbearable" "Stan was a pal" "Stan was an animal lover" "Stan will be terribly missed" "I miss Stan so much already." These statements made by several of Stan's friends gently touched some of the elements that made Stan who he is.

Stan's integrity, courage and reverence for life and the human spirit is an inspiration to all who know him. The list of programs and organizations that Stan helped to create or support is endless. Stan's efforts effected change on a global scale. While directing the California efforts to address the needs

See STAN on page 13

***When you come
to the edge
of all the light that
you know
and you are about
to step off
into the darkness
of the unknown,
Faith is knowing
that one of two
things will happen ...***

***there will be
something solid
to stand on
or
we will be taught to fly.***

Contributed on behalf of an unknown author by Roger Shaff, MPH, San Jose, to the Western AIDS ETC Faculty Training Conference held in Pacific Grove in January.

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Co-Editors Column

What's all the Hoop-La About?

by Sheila R. Enders
Co-Editor

On November 7, 1991, the AIDS epidemic took on a whole new meaning for a lot of people. I was driving back from a conference I had attended in Chico on HIV Disease and Women when I heard Magic Johnson announce to the world that he was infected with human immunodeficiency virus (HIV).

All kinds of thoughts filled my head ... I heard the sportscasters and newscasters comments as they played his words over and over; the trouble controlling their tears; the shock and disbelief, the feeling that they had already lost a friend. I experienced their pain as they began to realize that a man, known to the public so well as to be an "American hero" might become sick and die from a disease that most people still believe only happens to "them."

Over the next several days, I found myself acknowledging feelings that were hard to explain. The research part of me realized that this would most likely open up new avenues for funding and make more research money available to thwart this disease. Part of me felt very sad that a man who has achieved so much would be going through the same battle I have seen hundreds of others fight -- and lose. And all of me felt resentment.

Why should the government and the public listen because of one man's infection, when they have refused to listen to the nearly 200,000 others before him? I found I was no more sad for him than for all of the others with this terrible virus. He was no more special to me than all of the other men, women and children who have suffered, in part, because of government and public prejudice and apathy. So much publicity and public outcry for one man. Where has the sympathy been while my friends and patients have been dying of AIDS? Where has the understanding been when my friends and patients have been unable to access treatments and drugs that might improve the quality of their lives? And hasn't the government once again shown its sincere concern by its naming of Magic Johnson instead of one of "them" to the National Commission on AIDS?

Suddenly, after 10 years, the message has been heard: AIDS is a disease, the result of infection with the human immunodeficiency virus. ANYONE can become infected with HIV. The virus is an equal opportunity disease. It has no boundaries -- we are ALL at risk.

Until November 7, HIV/AIDS was something that only happened to "them." Then, one of the "anyones" -- in fact, an "American hero" -- became infected and the fear felt by the general public reflected in the numbers of people arriving at doors of anonymous test sites for HIV tests. Requests for presentations on HIV infection and AIDS increased in schools, businesses and organizations. Newspapers, television and radio stations clamored for interviews with AIDS experts. And like a fire, the sense of panic among the "anyones" spread quickly.

Fires are eventually extinguished or burn themselves out -- so has the panic. In fact, to my surprise and the surprise of most of us in the field, it burned out faster than we anticipated.

Does this mean that the general public has buried its head again? Will the ignorance of the Reagan and now the Bush administrations prevail? Has the message already been forgotten? How many other "Magic Johnsons" must become infected with HIV before the "anyones" and "them" are treated equally?

If indeed the general public has not buried its head, and the ignorance of the Bush administration does not prevail, and the message is not forgotten -- it will be MAGIC!

Kudos to Miss Hellena

(Editors' Note: Hellena Handbasket, in her November/December 1991 column, reviewed Pat Califia's Advocate Adviser book. The author responds ...)

Dear Hellena:

Thank you for the very kind review! You are obviously one of the few who "gets it." Thank you for remaining sex positive despite the challenge of the AIDS epidemic.

Warm regards,
Pat Califia

Local AIDS Foundation Moves, Expands Services

The Sacramento AIDS Foundation returned to a full spectrum of case management services at its new address, 920 20th Street, Second Floor, on January 1. Thanks to funding from the Ryan White Care Act and the County of Sacramento, a total of eight full and part-time social work case managers and MSW interns are available to serve persons with symptomatic HIV and AIDS in our community. This is a dramatic increase from two case managers.

Services include:

*** Scheduled appointments**

*** Assistance with emergency food and shelter needs**

*** Linkage to all entitlement programs: Social Security, SSI/SSA; Food Stamps; General Assistance; AFDC and others.**

*** Matching with a Hand to Hand Support Volunteer**

*** Coordination with Home Health Nursing and Medi-Cal for attendant care.**

The AIDS Foundation phone number remains the same: 916/448-2437.

PSSN Reader Survey

by Craig Spatola
Health Educator

Kudos, Kudos, Kudos to those of you wonderful readers who took the time to fill out and return the *PSSN* Reader Survey.

From the 52 surveys returned, it appears that "HIV Politics" followed closely by "Treatment News," are the two most prevalent reasons people have for reading *PSSN*. The "Resource Guide" and "In the News" are right behind, with information to Give to Doctor, Cartoons and Personals bringing in the rear. Three people also checked "Other" (that oh so nebulous category). Since none of the three saw fit to reveal what "Other" meant, I can only surmise that they liked the typesetting or possibly the color scheme. Go figure.

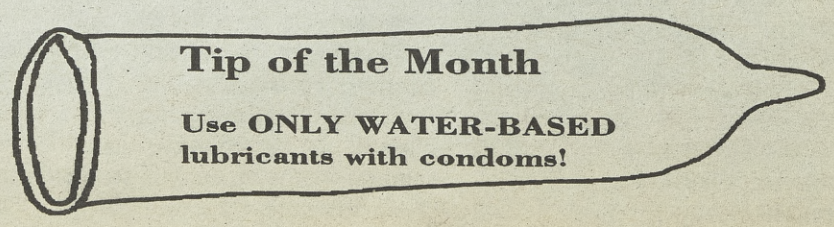
Seventy-five percent of our readers report that yes, reading *PSSN* has increased their resolve to practice Safer Sex. The other 25 percent said they were already firm. In their resolve that is.

Fifty-six percent reported that they find the "Resource Guide" to be Very Useful, 36 percent said Somewhat Useful, while 8 percent report it to be of Limited Use to them.

The average reader of *PSSN* says that reading the *PSSN* has increased their knowledge of HIV/AIDS by 26 percent, with three people actually reporting a zero percent increase. More than 30 folks answered with an increase of 30 percent or more. (Two lucky people reported an increase of 90 and 100 percent!!!)

We are taking your suggestions for changes and/or additions to *PSSN* under consideration, and we appreciate your thoughts.

Thank you again for taking the time to respond to our *PSSN* Reader Survey. If you find that you still haven't filled out or mailed yours in, by all means, please do so now.



To: The People Who Keep Writing Articles on Care for the Caregivers From: A Caregiver

Vicki Bailey has been a part of the struggle against HIV disease and AIDS since 1985. She is many things to many people - a person of many hats. To some she is a comedienne who belongs on a stage. To others she is a hard-nosed drug treatment counselor whose colorful and descriptive language leave nothing to the imagination of her clients. I see and know her for her love of God and her religion and the way she expresses this love through her most comfortable "hat", that of Chaplain.

-- Sheila Enders

by Vicki Bailey, Chaplain

I have read some of your articles on taking care of myself. I read them at 2 or 3 in the morning when I will not sleep.

Your articles tell me to rest. When I sleep, I dream and when I dream, I see hundreds of faces from all the years of seeing people die.

You tell me to appreciate the beauty of the simple things -- Do you mean like how the sunlight played in David's hair and changed it from black to burnished copper? Or do you mean quiet walks in mist and fog like I did with Larry? He always said he always HATED fog in his beard.

Maybe I should just go sit by the river and let myself be healed by air and earth and wind and water -- Steve taught me that. I learned a lot from Steve

You mentioned that I should read a good book NOT ABOUT AIDS -- Well, I tried that -- but I got to a funny part and was halfway to the phone before I realized that Tim wasn't there to answer anymore.

I've tried to play with my dog but everytime she looks at me with those wonderful, big brown eyes I remember LeRoy showing me the picture of his collie and saying that she was the only one who wasn't afraid to keep loving him. That beautiful collie was hit by a car and died. LeRoy died soon after. I think an autopsy would have revealed a broken heart.

And so, authors of these articles on care and survival, I know that you mean well, but let me share with you what this caregiver does to keep caring.

I go to the park armed with bread and peanuts and balloons and I feed ducks and squirrels and blow up balloons and give them to the wind to carry them to the arms of children who have every right to still believe in magic.

I sit in the dark quiet
of the large old church
that has the heart
of me

I breathe in
the stillness

I hear the echo
of every song
ever sung there

and the cadence
of every Mass
ever said.

Groups Demand Cheaper Foscarnet

Sixteen gay and AIDS organizations have sent a statement to Astra Pharmaceuticals demanding a 50 percent cut in the price for foscarnet, the company's newly approved medication for CMV retinitis. The viral infection attacks about 25 percent of all people with AIDS.

The drug costs $1600 for the initial two to three week period of intensive dosing. The maintenance dose, which needs to be continued indefinitely, will amount to $58 a day or $21,000 a year.

Astra Pharmaceuticals is instituting a program to assist patients in obtaining third-party reimbursement for its product, and will provide the drug free to needy individuals who can't qualify for any assistance program. This move has not mollified the company's critics, however. Regardless of who pays, the massive expense diverts resources from research and other treatments, activists complain.

-- Southern Voice

Tree of Hope Illuminated

by Franklin Kakies

As we go to press, we are proud to report that the Tree of Hope has brought in almost $5000 -- given in support of the AIDS Response Programs at the LAMBDA Community Center! We know first-hand that these are difficult times economically, so we appreciate all the more this generous response from our community.

Donations have ranged in size from a $1000 cashiers check given as a memorial, to $5 sent "in support of our community." Each day continues to bring its share of contributions, so many of them made in memory of people we know and miss.

If you drive by the LAMBDA Center some evening before the end of January, you can see the Tree of Hope, glittering through the windows of the turrett: a bare branch, hung with memories and with hope.

And if you come into the Center, you can read off the names for yourself -- most of them friends who are gone, some of them (like Kate Guzman McKenzie and Sandy Pomerantz and Barbara Hernandez and "all the folks from CARES") people who have stood up to make a difference in our lives and our world. The Tree of Hope honors them all.

The Tree of Hope is dedicated to everyone who is an instrument of Hope during the AIDS epidemic:

J.P. Sullivan, Stan Hadden, Tim Warford, Don Dingler, Steve Strick-

See TREE on page 14

For Good Advice ...

Go to Hellena Handbasket

Dear Miss Hellena,

I have a problem: I've been dating four different guys over the last several months. All four are really nice, but I'm not "in love" with any of them and want to keep my options open. My best friend thinks I'm being a pig, but each of them knows I date other people and they are O.K. with that. My question is: do I give them all Valentines? And which one do I ask out on the 14th?

-- In A Quandry

Dear In A,

By all means, give them each a Valentine -- it's such a lovely, romantic gesture. As for the 14th, perhaps you could ask one out for breakfast, one out for lunch, and one out for dinner. This would leave you one short (unless you arrange to meet him at midnight for drinks, although that has the potential to spoil your dinner and make for an awkward transition between the two dates). Perhaps you could ask your fourth man out for Saturday night. Dating more than one person at a time is a bit of a juggle, especially on holidays. Just remember to plan well, and don't over-book.

As far as your being a "pig" is concerned, Miss H. strongly suggests not buying into your friend's judgmental assessment. Of ten this type of attitude comes from our homophobic (not to speak of sex-phobic) upbringing. If you are dating four men because you enjoy and have authentic and functional relationships with each of them, and they agree to this arrangement, then were is the problem?

Now, if you were married and had children, I would make other suggestions to you. But monogamy is not the only viable option for a Gay man in 1992. I assume you are having sex (and safe sex at that) with all four men. There is a push towards (at least "serial") monogamy these days, but you must suit your own temperament by making choices that are appropriate to you. Many men have a real reluctance to give up their "freedom," so that a lower-key approach (other than an absolute insistence on "commitment") can be very beneficial, particularly in male/male relationships. Just remember, the person you need to make sure you pleaseis yourself. Happy Valentine's Day.

Sincerely,
(Miss) Hellena Handbasket

Dear Miss Hellena,

I need some advice. Valentine's Day is almost here, and once again, I don't have a boyfriend. This makes me feel really blue. I'm a nice guy with a lot to offer, but no one ever seems interested. I feel really desperate -- what can I do?

-- Lonely and Desperate

See HELLENA on page 14

Treatment News

Researchers Report ddC/AZT Combination Promising

by Arturo Jackson III
HIV/AIDS Editor
the latest Issue

Researchers reported encouraging results in a Phase I/II trial testing the combined effectiveness of ddC and AZT as an anti-HIV treatment regimen. The study involved 56 participants diagnosed with advanced HIV disease who tolerated the drug combination with no reported toxic reactions. Participants diagnosed with advanced HIV infection and taking ddC with higher doses of AZT sustained a greater and more persistent antiviral effect when the research data was compared to previous studies monitoring the drugs. The trial was conducted at the AIDS Clinical Trials Units of the University of Miami and the University of California San Diego School of Medicine. Data was published in the January 1, 1992 issue of *Annals of Internal Medicine*, Volume 116, number 1.

The study participants had been diagnosed with AIDS or advanced AIDS-related complex (ARC), had CD4 (T-helper) counts of 200 or less, and had not initiated previous antiviral therapy. They were assigned to one of three different groups categorized by the six different dosage protocols in the study. Participants in the study were given the ddC and AZT to be taken orally at eight-hour intervals. The objective of the Phase I/II trial was to determine the safety, immune system response, and antiviral reaction to the ddC and AZT combination therapy.

The CD4 counts rose an average of 109 cells. Among participants taking combinations containing 300 or 600 mg of AZT daily, 69 percent had an increase of 50 CD4 cells or greater. Those given 600 mg of AZT demonstrated persistent rises in CD4 counts when compared with the two lowest AZT dosage groups in the trial. The average CD4 count rose an average of 81 cells in the study subgroup given the lowest dose drug combination. In the study subgroup receiving high dose combinations, the rise in CD4 counts was greater, with an average gain of 121 cells among participants.

Researchers determined that a daily oral dose of 150 mg of AZT had a marginal effect on p24 antigenemia and CD4 counts. The decline in CD4 counts was more pronounced, and the suppression of the p24 antigenemia was less rapid and sustained in those trial participants receiving the lowest AZT dose as the sole treatment therapy. Once researchers added ddC to the study participant's AZT regimen, the decline in CD4 counts was slowed.

"It was a small study with a limited number of people," stated Dr. Meng, a co-investigator in the trial. The researcher added, "There did not seem to be any increased toxicity, as compared to mono therapy. In addition, the surrogate markers of the people who received the higher dosage combination, appeared much better than historical controls." The researcher emphasized that the importance of the study is the credence it adds to the growing body of evidence in support of combination antiretroviral drug therapy. "Eventually, all new drugs will be tested in various combinations in an effort to find those which are most effective against HIV," Dr. Meng added.

State AIDS Drugs Payments Broadened

by Jon Matthews
Bee Capitol Bureau

The state's AIDS drug program will expand to provide 11 additional medications to combat the fast-spreading disease and related ailments.

The AIDS program, which provides drugs at no or reduced cost to qualifying individuals, previously has offered only two drugs, AZT and aerosolized pentamidine, Governor Wilson's office said.

"This is a major expansion. We expect this to double the number of Californians receiving AIDS drugs under our program," said state health director Dr. Molly Coye.

The new drugs will be added in two phases, eight immediately and three others by April 1, Wilson's office said.

Among the drugs offered immediately will be didanosine or ddI, which has been shown to inhibit the progress of acquired immune deficiency syndrome and is an alternative for those who can't tolerate AZT, officials said. Other drugs to be added immediately under the state program include four used to combat a form of pneumonia called *pneumocystis carinii* -- dapsone, pyrimethamine, sulfadiazine and trimethoprim/sulfamethoxazole -- as well as three others used to manage infections -- clindamycin, ganciclovir and nystatin.

The second phase will add the drugs clotrimazole, fluconazole and ketoconazole, used to manage AIDS-related infections.

"Some of these additional drugs are very new, and some of them have been in existence for a time and are less expensive ways of treating the same condition," Coye said.

Alan Lofaso, a spokesman for the LIFE AIDS Lobby in Sacramento, called the announcement an "important move. Some of these drugs are cost-effective alternatives to other drugs."

Coye added that state medical authorities had to set priorities for which drugs to cover under the program -- and carefully estimate the cost of the drugs in light of the state's dire financial condition.

-- The Sacramento Bee

VIII International Conference
AIDS/III STD World Congress
Harvard-Armsterdam Conference
July 19-24, 1992
For information on registration write:
Harvard AIDS Institute
8 Story Street
Cambridge, MA 02138

FDA Approves Azithromycin

NEW YORK -- The Food and Drug Administration has approved azithromycin, the first azalide antibiotic for the treatment of community-acquired respiratory infections, skin infections and uncomplicated genital chlamydial infections.

Azithromycin, marketed by Pfizer Inc. under the brand name Zithromax, allows for effective, once daily oral dosing for a shorter duration.

For respiratory tract and skin infections, azithromycin is taken once daily for five days. Most traditional therapies require 10 to 14 days of administration, usually with several daily doses.

Regarding the drug's ability in fighting AIDS-related complications, investigators at Kuzell Institute and Pacific Presbyterian Medical Center in San Francisco and Children's Hospital, Los Angeles, have found that azithromycin reduced MAC bacteremia and related symptoms in two to three weeks.

In a Phase I pilot study, azithromycin was administered to bacteremic AIDS patients. Of 16 patients, 14 reported resolution of chills and night sweats and most showed general improvement, including weight gain and reduced fatigue. However, some patients showed prolonged post-treatment suppression.

The most common side effects are related to the gastrointestinal tract. Abdominal pain and adverse liver function changes were uncommon.

-- Infectious Disease News

Unexpected Results From Foscarnet

by Sonya Cox

The drug foscarnet, approved last October to treat eye infections that can blind people with AIDS, surprisingly also seems to add to survival time, according to government medical scientists. In announcing the unexpected result, officials at the National Eye Institute told doctors to try foscarnet as the first drug against cytomegalovirus (CMV) retinitis. Previously, people were given ganciclovir first, and foscarnet if the ganciclovir failed to work.

Experts say they're not sure why foscarnet seems to allow people tested so far to live an extra four months or so, but it may be connected to the fact that foscarnet allows people to also take AZT.

Early in the epidemic, doctors had virtually no way to fight CMV retinitis. Ganciclovir, approved in June 1989, slowed down the destruction of the retina, but could seldom be given together with AZT, because both drugs cause major suppression of the immune system. For many people, this meant choosing between keeping their sight and living longer. Even though foscarnet can be taken with AZT, many people will still do better with ganciclovir because foscarnet can cause severe kidney problems.

Both drugs are expensive and must be given at least once a day through intravenous injection.

In The News

Early Intervention: New Era in AIDS Care

by Karl Bruce Knapper

The Center for Positive Care, an HIV early-intervention resource center located at 3180 18th Street in San Francisco, has opened its doors and ushered in a new era of care for those infected with HIV.

The Center for Positive Care is a unique collaboration, one of the first of its kind in the United States. Its purpose is to help people infected with HIV find their way through the increasingly complicated and confusing maze of health care.

Some of the services that are now, or will soon be available are basic HIV information and referral services, clinical trials information and workshops, early HIV intervention seminars, anonymous testing, client intake and assessment sessions to determine client needs and appropriate referral, psychosocial counseling and educational sessions on HIV and gynecological issues.

In-service training sessions for the staff and on-site providers will be open to the public. Among those scheduled so far are sessions on psychosocial issues related to HIV and early intervention, HIV and women, HIV and the disabled community, early intervention and the continuum of care, and psychosocial issues and multicultural awareness of HIV-infected adolescents.

-- Bay Area Reporter

Funds Dwindle for Free AIDS Tests

by Robert D. Davila

A dramatic increase in the demand for HIV testing -- prompted largely by Earvin "Magic" Johnson's announcement that he is infected with the virus -- is straining agencies that provide the AIDS screening free.

Midway into the current fiscal year, many counties will soon exhaust the $5.4 million allocated by the state to pay for tests at public clinics, said Anna Ramirez of the State Office of AIDS.

Counties have been asked to continue testing for the human immunodeficiency virus on the promise that the state will find a way to reimburse them, Ramirez said.

The problem is expected to worsen when the Office of AIDS kicks off a public campaign encouraging Californians to get tested for HIV.

"A lot of time these activities are planned a year in advance," Ramirez said.

"We looked at the possibility of postponing it but felt the campaign would reinforce the idea among people considering whether to be tested."

By then, however, the options will shrink even further. Private, non-profit agencies that get state funds for free HIV tests will not receive additional money when their allocations run out, said Gail Koester of the State Office of Family Planning.

A total of $1.8 million from the Office of AIDS was budgeted this year for confidential HIV tests at non-profit clinics statewide, Koester said, but budget cuts at the State Department of Health Services will reduce allocations by 4 percent.

"We're advising people that free tests ... will still be available through the counties," Koester said.

HIV testing is available through any private physician, who will note the results in a patient's permanent health records.

County and non-profit clinics are available, however, for individuals who don't have a personal doctor, who want to be tested anonymously or who can't afford the cost.

Requests for free AIDS testing have been growing all year, state health officials said, but the number skyrocketed when basketball star Johnson announced that he is infected with the virus.

In Sacramento County, the Health Department will continue free testing at seven public clinics, said Dr. Bette Hinton, county health officer.

But those wishing the test should be prepared to wait at the Capital Health Center at 15th and C streets -- the only county clinic offering anonymous tests.

In November 1991, 100 clients were screened for HIV at one Planned Parenthood clinic in Sacramento -- compared with 20 free HIV tests at the same site in November 1990.

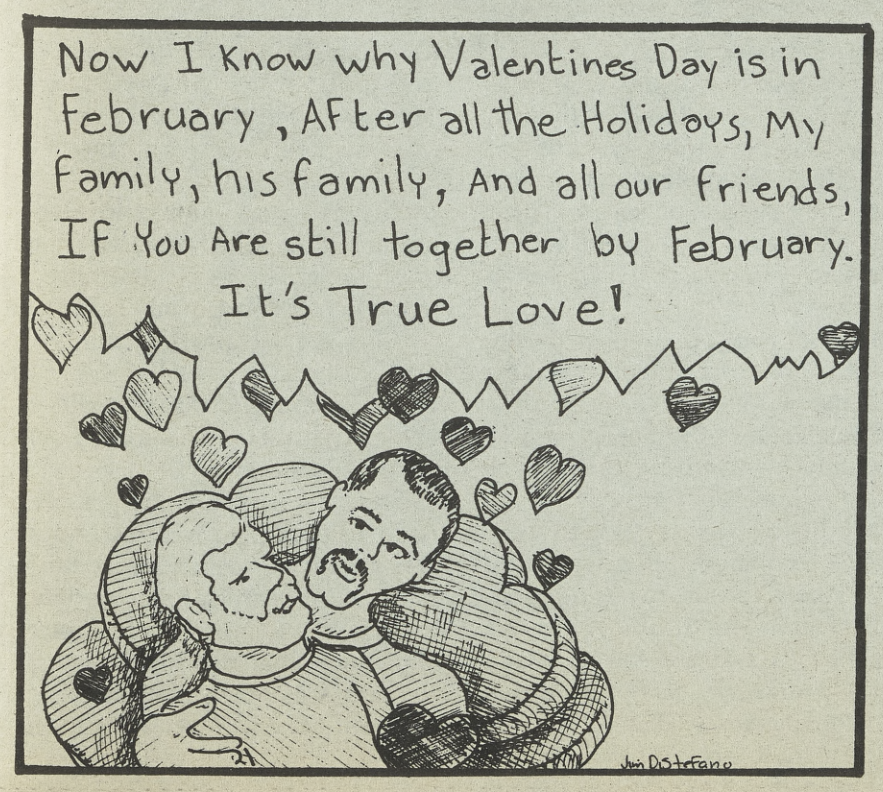
At The Effort, appointments for free HIV tests are filled through January, when the clinic expects to exhaust its $12,000 allocation from the State Office of Family Planning.

"The problem is that the state is encouraging testing, but all of a sudden it's not available to those who need free testing," said Vicki Anderson, health educator at the midtown clinic.

-- The Sacramento Bee

AFFIRMATION

I release all fears and doubts.


Now I know why Valentines Day is in February, After all the Holidays, My family, his family, And all our friends, If You Are still together by February. It's True Love!

FDA to Put Drugs on Market Faster

by Christopher Scanlan
Knight-Ridder Newspapers

WASHINGTON -- Federal drug regulators have pledged to dramatically shorten the 10-year bureaucratic obstacle course that new drugs must clear on their way from the test tube to American medicine cabinets.

Under sweeping reforms announced by the Food and Drug Administration, a "fast track" will allow delivery of drugs to fight AIDS, cancer, Alzheimer's disease and other life-threatening or incurable ailments that afflict millions of Americans.

The agency said it would also hasten approval of other new drugs by farming out safety and efficiency reviews to private contractors and by moving toward recognizing drug approvals made in foreign countries without requiring further tests in the United States.

The FDA proposed to computerize applications for approval of new drugs by 1995 and to introduce new rules to accelerate drug approval by accepting animal tests or other evidence of effectiveness without waiting for human tests.

The government has set a goal of cutting, by 1994, that waiting time to 5.5 years for the most critical drugs and seven years for all others. The FDA plans to cut its own approval process by two years, to just six months, for drugs to combat the most serious illnesses, as it did recently with the newest AIDS drug, ddI.

But congressional critics and a consumer watchdog expressed concern that some of the changes could lower standards and put patients' lives at risk.

"The FDA appears to be abdicating its statutory responsibility to make key decisions on the safety and efficacy of drugs," they wrote.

Dr. Sidney Wolfe, director of the Public Citizen Health Research Group, called such outside reviews "a terrible idea that will almost certainly result in harm being done to the public because of a review process that is much more attuned to the industry's needs than the public's needs."

FDA Commissioner David Kessler defended the idea of rapid approval of drugs for the most serious diseases.

"Confronted with a life-threatening disease and no other therapy, patients are willing to take risks and should be allowed to do so," Kessler said.

-- The Sacramento Bee

Pen Pals Sought for People With AIDS

A non-profit club in Madera, claiming to be the first of its kind in most respects, is working to bring an additional form of help to those affected by AIDS.

Although therapy groups and other types of friendly companionship are available to persons with AIDS in many locations, some of those who need such services can't reach them. The club's founder, himself disabled by spinal arthritis, says he thought he saw an unfilled need.

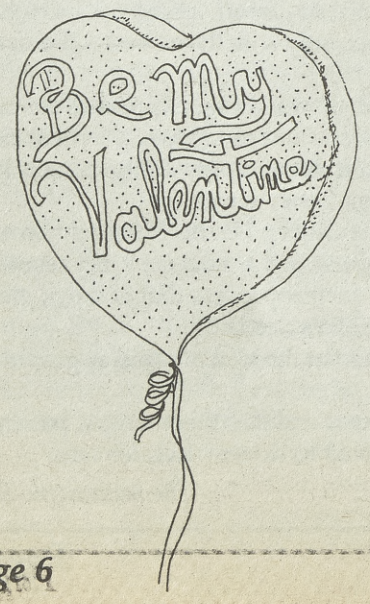
"I've had pen pals a couple of times," says Jay Eastman, "and I was amazed at the way a short note from a distant friend could brighten the day. And being able to take an interest in someone else's life was the most potent form of pain relief ever experienced."

When Eastman called some of the more comprehensive AIDS hotlines, asking if there were any pen pal clubs for AIDS patients and/or supporters, he was told there was only one, of limited scope.

With advice and help from friends, he began a club, now in operation, simply called, "PEN PAL."

"We can all join together in this," says Eastman, "no matter what our backgrounds. We can be friends, making each others lives better with mutual respect and just a little empathy. And we may gain one small kind of triumph over AIDS. We can take away its power to make people feel that they are alone."

Anyone interested in finding out how the club works may write, enclosing a self-addressed stamped envelope, to "PEN PAL," P.O. Box 635, Chowchilla, CA 93610.



"Keeping It Up!" Returns to Sacramento

by J.D. Rambo

"Keeping It Up!", a workshop for Gay and Bisexual men, returns to Sacramento on March 7. The workshop is sponsored by the LAMBDA Community Center AIDS Response Programs, in cooperation with Sacramento AIDS Foundation and WCIC Project Survival. A $5 to $10 donation is requested and lunch will be provided. Reservations may be made by calling the LAMBDA Center at 442-0185.

"Keeping It Up!" is the oft-praised brainchild of Dr. Marty McCombs, director of counseling for the Los Angeles Gay and Lesbian Community Center and formerly health educator for Stop AIDS LA. The workshop is designed to provide support to Gay and Bisexual men in making behavioral change and to supplement healthy living skills.

Dr. McCombs developed the workshop in 1988, because he foresaw that HIV education was going to have to go beyond merely telling people what was safe; that it was necessary to get at the core issue behind continued unsafe behavior, which he felt was self-esteem.

Exploring the reasons behind the 20 percent relapse rate into unsafe behavior, he realized that most men, most people in fact, experience discomfort in discussing anything to do with sex, and thus lack the negotiating skills necessary to maintain safe sexual practices. He then compiled a history of 20th century morality and created exercises that make it possible to break down the barriers to a healthy sexuality.

The result is a workshop that is sex-positive and gay-positive, frank and very empowering. The experience fosters the development of skills which will enable participants to discuss sex openly and honestly and helps them to discover and overcome the societal conditioning which has convinced us that sex is wrong.

Participants in "Keeping It Up!" first engage in an introduction and an "ice-breaking" exercise. Then Dr. McCombs gives a brief overview of why we think the way we do in regard to sexuality and how society influences us. He leads the group in discussions and question and answer sessions on topics ranging from pet "peeves" in dating, to quality of sexual satisfaction to self-esteem and long-term behavior maintenance. The larger group breaks up into smaller groups for exercises dealing with assertiveness and communication, and a "hands-on" practice of negotiating skills. The group also goes one-on-one for exercise in sensate focus and touching. The entire experience leaves participants feeling empowered to take charge of their sexuality and with a renewed sense of self-worth.

Bobette Supports Sierra Foothills AIDS Foundation

The Sierra Foothills AIDS Foundation, with offices in Auburn and Grass Valley, has accepted a major contribution from Bobette of Sacramento's Mercantile Saloon. Money was raised through one of Bobette's famous taco sales at the Mercantile.

Bill Rau, Executive Director of the AIDS Foundation, stated, "The importance of this fund-raising effort cannot be underestimated. HIV disease is very evident in rural counties and Bobette is the first in Sacramento to help with any efforts directed toward persons with HIV disease living outside the city. We cannot fight any part of this battle alone. We are proud to have such an ally on our side."

Sierra Foothills AIDS Foundation serves clients in Placer, Nevada, Amador, Calaveras and Sacramento Counties with case management and other services. Volunteers offer emotional and practical support to HIV positive persons. Anyone interested in offering support or becoming a volunteer may call the Foundation at 1-800-655-2437.

Needle Exchange Urged to Combat HIV

by Kathryn Eaker Perkins

SACRAMENTO -- An association of county health officers has added its voice to the chorus calling for a needle and syringe exchange program to reduce the transmission of the AIDS virus among drug users.

"It would be part of a program, not the solution to the AIDS epidemic," said Dr. Bette Hinton, director of the Sacramento County Disease Control Division. "We're not saying just go down the street and hand out needles as a solution the problem."

The California Conference of Local Health Officers, an advisory body to the State Health Department and Legislature, emphasized that a needle and syringe exchange program should be part of a comprehensive approach, including:

- Treatment and outreach programs for drug users, with training in safer injection and safer sex.
- Voluntary (confidential and anonymous) testing for HIV (human immunodeficiency virus), the virus that causes AIDS. Counseling and medical follow-up for infected persons and their sexual partners. And social service support for families of HIV-infected drug users.
- Confidence counseling, testing and appropriate treatment programs in jails and prisons.
- Evaluation of the program and community involvement in decisions on the program's operation.

"No direct action is going to come of today's recommendation," said Hinton. "It's just an advisory position stating that public health officials in this group have considered the issue and feel it is a necessary part of the armamentarium against AIDS."

The significance of the position is that it intensifies the pressure on legislators, said Dr. Neil Flynn, head of the AIDS Clinic at the UC Davis Medical Center and a member of the State AIDS Advisory Board under former Gov. George Deukmejian.

"This is almost a word-for-word reiteration of the state board recommendation, which was ignored because this is too much of a hot potato," said Flynn.

Also, the Sacramento County Advisory Committee on AIDS voted last year to recommend that the issue of a needle exchange be taken to the County Board of Supervisors.

State law prohibits the possession and distribution of needles and syringes except for medical reasons. But Flynn said it is crucial that the law be changed and that money be allocated for a pilot exchange program.

"You only have to look at what happened in New York, when the dis-

See NEEDLE on page 15

The ABCs of HIV

by Sonya Cox
AIDS/HIV Editor
Mom Guess What Newspaper

What is HIV? What is ARC? What is AIDS?

The Human Immunodeficiency Virus (HIV) is believed by most specialists and researchers to be the cause of AIDS (Acquired Immune Deficiency Syndrome). And while HIV is tightly linked to the cause of AIDS, there have been questions raised over the past few years as to whether co-factors (such as herpes or some other unknown factor or combination of factors) need to also be present to cause the virus to accelerate or go into action after its initial dormant period.

More than a decade into this epidemic, research continues on this point. People do not usually die of HIV or AIDS. They ordinarily die of any number of infections or diseases that are around us all the time, which their depressed immune systems can no longer fight off. HIV can infect nearly all cells in the body -- the vital organs, the bone marrow, the intestinal lining, the blood -- unleashing the virus' deadly reproduction ability, turning the cells into factories that produce even more HIV virus. Ordinarily, illnesses and viruses in the body can be fought off by the immune system, but HIV has the ability to lie undetected for as long as a decade or more, quietly reproducing with little evidence of its presence and eventually destroying the immune system itself.

Early blood tests can detect the virus in the bloodstream within weeks or months of infection, when preventative therapies for some of the possible future AIDS infections can be begun, long before there are any symptoms of ill health.

Once some symptoms appear (such as night sweats, chronic diarrhea, or severe fatigue), a person is said to have ARC (AIDS-Related Complex), a term many physicians are no longer using.

Once life-threatening diseases or infections appear (such as toxoplasmosis or *pneumocystis* pneumonia), or once the immune system is severely depressed (that is, when most of the T-cells, or disease-fighting cells have been infected or destroyed), a person is said to have AIDS. Some of the diseases or infections that a person with AIDS might get (such as tuberculosis, herpes and shingles) are common to the population as a whole, but most are rarely found in a person with a healthy immune system.

Some physicians would like to see only the term "HIV disease" used to describe the entire illness, thus giving them more flexibility to prescribe treatments when they see fit, as opposed to being able to prescribe medications only after a person has met certain government criteria of eligibility to have an AIDS diagnosis.

What Does It Mean to Have "The AIDS Virus?"

It means a person has tested positive with HIV. Researchers believe that if you have HIV, you will eventually get AIDS, and you will eventually die. There is yet no vaccine or cure for HIV. If a cure were discovered tomorrow, no way has yet been devised to repair damaged immune systems. Major medical advances, however, are changing HIV from a virus that kills swiftly, to one that can be managed over an extended time.

The quality of life during these extra years, often over a decade, is also improving because of these medical advances. Many people with "full blown AIDS" (that is, who have had one of the conditions designated by the U.S. Centers for Disease Control -- CDC -- in Atlanta as constituting an AIDS diagnosis) are working full-time jobs and enjoy a happy and loving life. The added time resulting from promising research and medications to control diseases offers legitimate hope for people with the AIDS virus.

How Many Americans are Infected?

It's difficult to say. It's thought that the majority of people with the HIV virus have not been tested and don't yet know they're positive, so no accurate statistics are available. It's estimated, however, that at least one million Americans carry the HIV virus; about 2,000 newborns are infected by their mothers every year while still in the womb. In 1991 alone, 38,700 Americans developed full-blown AIDS. As of January 1992 12,000 Californians and 260 Sacramentans are living with this disease.

How Many Americans Have Died of AIDS?

It's difficult to say. It's fairly certain that a large number of people have died of an AIDS disease which was reported by their families as some other, more "acceptable" illness, so no accurate statistics are available. As of January 1992, the CDC has documented more than 130,000 deaths. It's estimated that this number could triple in just the next two years alone. In California, there have been 26,000 deaths officially reported; in Sacramento County, there have been more than 500 as of February 1992.

How is HIV Transmitted?

The exchange of body fluids -- semen, blood, vaginal secretions, and possibly breast milk -- is necessary for HIV transmission. Other body fluids such as saliva, tears, perspiration, urine, feces, and vomit, may not transmit HIV if there is no blood present in them. The main routes of transmission are sexual intercourse (both vaginal and anal) and sharing needles (whether for drug use, tattoos, or piercing).

Fetuses can also get HIV from an infected mother, but for some reason only about one out of three babies is born with the virus. Some babies born without the virus infected, however, through breastmilk, so HIV-positive mothers should not breastfeed.

Infection through blood transfusions in the United States is extremely rare now due to advanced screening techniques begun in 1984. Prior to these thorough screenings, however, about 12,000 Americans became infected through blood transfusions. It's thought that as many as 70--90 percent of people with hemophilia (males with an impaired blood clotting factor who need transfusions of clotting components to prevent internal bleeding) who received clotting products prior to 1984 now have HIV, and about 20 percent of their spouses now have HIV.

How is It Not Transmitted?

The virus cannot be picked up from a toilet seat, insect bites, shared dishes, hugging, or by donating blood. It is not transmitted through tears, perspiration, or saliva that contains no blood. It is transmitted primarily through blood, semen and vaginal fluids.

What is Safe Sex?

Completely safe sex is possible only with two uninfected partners. The odds of avoiding HIV infection, however, are greatly improved with the proper use of a latex condom or covering for all sex acts, including oral. HIV and blood cannot pass through intact rubber. Adding the spermicide nonoxynol-9 further improves the odds. The exchange of blood must be avoided at all costs -- whether by scratching internal membranes, cuts around cuticles of the fingers, etc. -- whenever there is any high-risk behavior between two people.

What is High-Risk Behavior?

Unprotected vaginal or anal sex with an infected man or woman; swallowing an infected partner's vaginal secretions or semen; using contaminated needles; sharing contaminated sex toys; oral sex with an infected person, especially if a person has a cut in the mouth or gum problems. For this same reason, deep kissing could pass the virus if any blood (from cuts or abrasions) is involved. Any activity in which blood could pass from an infected person to another is considered high-risk behavior.

Who Should be Tested?

Anyone who has had high-risk sex, and anyone who had a blood transfusion prior to 1984 should be tested. Within three months of infection, 85 percent of people with the virus will show a positive test result; a year after infection, 99 percent will test positive; nearly all infections show up within two years. If a person has a history of high-risk sex and is tested within six or eight weeks of the last incident of high-risk behavior, it's best not to completely rely on any negative report that may be received. Additional tests for up to two years after each incident of high-risk behavior would be needed to give an accurate negative answer.

Even if two people in a monogamous relationship have both tested negative for two years, they're betting their life on their partner's monogamy every time they have unprotected sex. Positive results are tested at least twice before a person is told they're positive with the virus, so this news is usually accurate. Because of medical progress in treating HIV infection, early diagnosis is essential to staying healthy and living longer. A positive test could make obtaining medical and life insurance difficult. Many AIDS agencies therefore recommend that you get an "anonymous" test (where only a number, not your name, is used) as opposed to a "confidential" test.

How Long Can a Person With AIDS Live?

Statistically, about 50 percent of people with full-blown AIDS live about two years. Others live several years longer, many leading healthy lives. It's not known what factors make the difference, although it's thought that support of friends, a positive attitude, and control of stress may be as important as correct and swift medical treatment of infections and diseases.

Mark Your Calendar

4th Saturday of every month: Fund Raiser for AIDS - Bare Chest Contest, Wreck Room, 2513 Broadway, Sacramento

Wednesday, February 26: "HIV Medical Treatment Update" with Dr. Neil Flynn, 7-10 p.m. at the University of California, Davis Medical Center, Cancer Center Auditorium, 4101 X Street (off Stockton Blvd.), Sacramento. Co-sponsored by CARES and the Sacramento AIDS Foundation, Healthy Living Series.

(Please send announcements for March, April and May by MARCH 2 to CALENDAR, PSSN, LAMBDA Community Center, P.O. Box 163654, Sacramento, CA 95816.)

RESOURCE

Support Groups

HIV+ Emotional Support Group
Facilitators: John Linder, Will Green
Place: Buhler Building, 2800 L St., classroom #1
Time: 1st & 3rd Wed., 7:30 p.m.
Pager # 762-6282

The Positive Group
Membership: HIV+ substance abusers & their significant others. Fee: none
Contact: Vicki or Lon, The Effort
Phone: 916/444-6996
Place: 1820 J St.
Purpose: Emotional support and a place to discuss status and/or drug problems.

AIDS/ARC/HIV+ North Hall AA Group
Open to everyone with a desire to stop drinking.
Time: Sun., 4 p.m.
Place: MCC, 2741 34th St.

Brother to Brother
Membership: Gay African-American HIV+ men's support group. Dealing with HIV, ARC or AIDS? Tired of not being counted?
Contact: Project Survival, Fee: none
Phone: 916/454-0516
Time: Mon., 7 p.m.
Place: Call for location
Purpose: Emotional & social support. Strictly confidential.

Grupo Para Latinos
Infectados y afectados con la virus HIV, Latinos de Habla Hispana o Bilingues.
Facilitado por Gloria Avelas, LCSW
Telefono: 916/448-2437
Tiempo: Cade otro lunes, a las 6 p.m.
Lugar: SAF, 1900 K, #200

MCC People Together
Membership: People who are HIV+, ARC or AIDS, or other catastrophic illnesses & those who love & support. Fee: none
Contact: Sandy or PJ
Phone: 916/454-4762
Time: Tues., 7:30-9 p.m.
Place: RCMCC Activity Center, 2741 34th St.
Social & spiritual support group sponsored by the River City Metropolitan Community Church. Everyone welcome.

Sister to Sister
Emotional & social support for women of color who are HIV+, ARC or AIDS. Childcare & transportation available. Fee: none. Contact: Rosie Cristian, Project Survival. Phone: 916/454-0516
Time: Mon., 5-7 p.m.
Place: 3501 Broadway

Support Groups for Partners, Family & Friends

Grief & Bereavement Support Group for family & friends of people with ARC/AIDS or who are HIV+.
Contact: Stacie Blaine, MFCC Intern
Phone: SAF, 916/448-2437
Time: Mon. 6-8 p.m. Call for location.

HIV+/AIDS Family Support
Emotional support for parents & adult siblings, among the HIV/AIDS spectrum: diagnosis through bereavement.
Fee: none
Contact: Pastor Todd VanLaningham
Phone: 916/483-5691 or 916/456-9642
Time: 1st & 3rd Thurs., 7-8:30 p.m.
Place: Lutheran Church of Our Redeemer, 4641 Marconi Ave. at Mission

Parents Support Group
Membership: Education and emotional support for parents of adults & children with hemophilia. Fee: none
Time: 3rd Thurs., 7-8:30 p.m.
Place: 2100 Capitol Ave.

Mothers Only Support Group
Membership: Mother's peer support group. Contact: Frances Wright, 916/646-6122. Fee: none
Time: Tues., 1:30 p.m.
Place: SAF, 920 20th St., 2nd floor
Purpose: Support for mothers of people with HIV, ARC & AIDS & mothers who have lost sons & daughters to AIDS.

Support Group for Loved Ones
Now forming. Partially instructional and partially sharing. Open to the general community. For information, call Sandi Kiehn at CARES, 443-3299.

Spiritual Groups

Suicide Prevention
Volunteers available 24 hours to help individuals through times of crisis. TTD capabilities for the hearing impaired.
Emergency: 916/368-3111
Office: 916/368-3118.

Transformational Energetics
Workshops on transformation & healing primarily focused on deep healing issues for people with HIV & other life-threatening illnesses.
Contact: Michael Dulling, MD
Phone: 916/422-1234
Fee: negotiable

Support Services

Sacramento AIDS Foundation
Provides regional AIDS case management, AIDS education, client service, benefits counseling. Hand to Hand emotional & practical support volunteers available to clients diagnosed ARC/AIDS.
Place: 920 20th St., 2nd floor
Hours: Mon.-Fri., 9 a.m.-5 p.m.
Phone: 916/448-2437

Freedom from Smoking Clinic
Free self-help program available Mon. at 5:30 p.m. A one-time orientation meeting with full program packet. Bob Hall, licensed counselor available for free individual help.
Place: LAMBDA Community Center
Phone: Sue 916/442-0185 for info

Women's Support
Education & emotional support for women with HIV/ARC/AIDS. Fee: none
Contact: Donna Robertson, Sacramento AIDS Foundation
Phone: 916/448-2437
Time: Call for time and location.
Purpose: Education & emotional support for women with HIV/ARC/AIDS.

Del Oro Regional Resource Center
Membership: Brain impaired adults
Contact: Connie Garver
Information & referral contractual service for legal & financial advising, counseling, respite care & referral to support groups. Place: 3625 Mission Ave., #300, Carmichael, 95608
Phone: 916/971-0893

CARES Clinic
Provides counseling, early intervention/medical attention to HIV+ individuals.
Place: 2710 Capitol Ave.
Hours: Mon.-Fri., 9 a.m.-5 p.m.
Phone: 916/443-3299.
Fee for service

AIDS Survivors of Nevada County Inc., (ASNC)
Membership: All HIV+ persons in Western Nevada County, since 1989.
Support group meets every Tues., 7 p.m.; caregiver referral, HIV resource library, speakers bureau, social events. Professionally facilitated.
Phone: 916/265-2199.

LAMBDA Community Center
Information & resources to help the individual with HIV.
Place: 1931 L St., Sacramento
Hours: 10 a.m.- 6 p.m. Mon.-Fri.
Phone: 916/442-0185; info line: 916/447-5755.

Being Alive "Living Room"
Drop-in social time for people living with HIV at the LAMBDA Community Center every Thurs. from 2-5 p.m.
Place: 1931 L St.
Phone: 916/442-0185.

Sierra AIDS Council
Support services for people dealing with HIV in Amador, Calaveras & Tuolumne counties. P.O. Box 1062, Sonora, CA 95370
Phone: 209/533-2873

W.C.I.C. (Women's Civic Improvement Club) Project Survival
Minority issues & AIDS
Place: 3501 Broadway
Phone: 916/454-0516
Contact: Nadine L. Roberts

The Effort
IVDU treatment program, AIDS education, counseling & confidential testing.
Place: 1820 J St., Sacramento
Phone: 916/444-6294

Hospice Care of Sacramento, Inc.
Providing services to persons coping with a terminal illness & their families.
Fee: none. Place: 2007 O St., #100
Phone: 916/443-0398

Planned Parenthood of Sacramento Valley
AIDS Education to youth detention, homeless shelters & classrooms.
Fee: none. Place: 1507 21st St., #301A
Phone: 916/446-0930

Alcoholics Anonymous
7500 14th Ave., #27, Sacramento
Phone: 916/454-1100

Gay AA Group "Trust the Process"
Time: Wed., noon-1 p.m.
Place: LAMBDA Center
Phone: 916/442-0185

Narcotics Anonymous
P.O. Box 162416, Sacramento 95816
Phone: 916/486-0465

Gay N.A. Group "Lavender Nights"
Time: Mon. & Fri., 8 p.m.
Place: Lambda Center
Phone: 916/442-0185

Placer County AIDS Foundation
12183 Locksley Lane, Auburn 95603.
Support services for those dealing with HIV in Placer County & surrounding areas. Phone: 916/889-2437

Positive Alternatives
A networking group providing information on herbs, vitamin supplementation and experimental drugs in relation to HIV disease.
Place: LAMBDA Center (20th & L Streets)
Time: 2nd Weds., 7-9 p.m.
Phone: 916/446-5253
Please bring yourself, friends, any information you might have and a receptive attitude.

Legal

Sacramento AIDS Legal Referral Panel
Contact: June Black or Ellen Juarez
Phone: 916/444-6760
Fee: reasonable or no fees for AIDS-related matters
Place: 515 12th St.
(Must state that you were referred by the Sacramento AIDS Foundation).

Mental Health Providers

Mental Health Panel; counseling at reduced fees. Contact: Sacramento AIDS Foundation case manager, 916/448-2437; 920 20th St., 2nd floor, Mon.-Fri., 9 a.m.-5 p.m.

Medical Clinics

AIDS Related Disorders Clinic (ARDC)
Provides medical care to people with HIV disease.
Place: University of California, Davis, Medical Center, Primary Care Building, 2315 Stockton Blvd., Sac.
Phone: 916/734-3282 (message)

AIDS Research Office UCDMC
Sheila Enders; Phone: 916/734-8282

CARES
Provides medical evaluation, personal counseling, health education & referrals for HIV positive people. Fee for service.
Place: 2710 Capitol Ave., Sac.
Phone: 916/443-3299

HIV Clinic
Offers medical care for individuals who need a general work-up related to HIV infection. Fee: none.

G U I D E

Place: 1500 C St., Sac.
Phone: 916/440-5302

Infectious Disease Unit UCDMC
Phone: 916/734-3741

County AZT Program
Place: 2921 Stockton Blvd., Sac.
Phone: 916/732-3770

HIV Antibody Testing

Capitol Health Center
Place: 1500 C St.
Call for information & appointments for free, anonymous test.
Time: Wed. & Thurs. 8 am.-5 p.m.
Phone: 916/440-7720

The Effort
Call for information & appointments for confidential test; $35.
Time: Tues. & Thurs. evenings.
Phone: 916/446-6467, after 3 p.m.

Hispanic AIDS Community Educational Resources
HIV anti-body testing with bilingual counselors.
Place: 7000 Franklin Blvd., #210
Time: Tues. evenings 5-7 p.m.
Phone: 916/392-7815 or 916/734-8282

Political

Lobby for Individual Freedom & Equality (LIFE)
Statewide AIDS lobbying group representing 100 gay, lesbian & AIDS organizations
Place: 926 J St., #1020
Phone: 916/444-0424

Lambda Letters Project
Organizes letter writing campaigns expressing community opinions on women's issues, gay & lesbian rights & AIDS issues. The group also offers letter writing assistance to people who would like to express their viewpoints.
Phone: 916/965-6851

Food

Food Bank
Monthly food exchange. $13 for $40-worth of food (payable first Monday of month).
Contact: Shoshana Zatz, SAF
Phone: 916/448-2437

A Touch of Sabbatt
A monthly delivery service of home-made chicken soup & challah (bread) the last Friday of each month for people with AIDS or ARC. Free food closets
More info: 916/921-1313 or 916/482-1432

Products

Sunergy - Herb Food Concentrates
Sunrider nutritional products & philosophy formulated after the ancient Chinese tradition of nourishing the body with whole foods & the proper combination of herb foods.
Local distributor: Gina Milbourn
Phone: 916/991-0860

Reliable Medical Resources
Quality health care products ranging from personal AIDS/support equipment, incontinency protections & skin care products. Available at no cost to individuals with Medi-Cal/Medi-Care coverage. Lowest cost to insurance plans & private pay.
Phone: 916/383-6868

Information

Project Inform
Non-profit information resource group & hotline for alternative & experimental treatment updates including Compound Q, alpha interferon, AZT, aloe vera juice, ribavirin, DNCB, etc.
Hotline: 800/822-7422 or 415/928-0293.

AIDS Treatment News
Bi-weekly publication that covers up-to-date issues on alternative & holistic therapies. Subscription charge with a reduced rate for people with HIV. Write John James, P.O. Box 411256, San Francisco, CA 94141.
Phone: 415/255-6588

Treatment Issues
GMHC Dept. of Medical Info., 129 W. 20th Street, New York, NY 10011
(Published 10 times yearly)

National AIDS Information Clearing House
Local & national computerized resource listings & informational publications, many available free of charge to people with HIV such as the AmFAR (American Foundation for AIDS Research) Directory of Experimental Treatments.
Phone: 800/458-5231 or 212/719-0033

BETA (Bulletin of Experimental Treatments for AIDS)
Publication of the San Francisco AIDS Foundation. Educational resource for people reviewing experimental treatments for HIV.
Phone: 800/FOR-AIDS for sample copy & information

NIH (National Institute of Health)
Drug Trials Information -- toll free phone line with information on federally funded clinical trials researching AIDS treatments with information provided by APA MONITOR (American Psychological Association).
Phone: 800-TRIALS-A or 800/874-2572

AIDS Library of Philadelphia
32 N. Third St., Philadelphia, PA 19106
Phone: 215/922-5120

AM-FAR - American Foundation for AIDS Research
1515 Broadway, Suite 3601, New York, NY 10036-8901
Quarterly AIDS/HIV Treatment and Clinical Trials Directory
Phone: 212/719-0033

Community Consortium
3180 Broadway, Suite 201, San Francisco, CA 94110. Quarterly Directory of Bay Area Clinical Trials
Phone: 415/476-9554

DAVIES TRIAL SEARCH
Davies Medical Center, 45 Castro Street, San Francisco, CA 94114
Provides individuals with computerized list of trials for which they qualify.
Phone: 415: 565-6368.

Northern California AIDS Hotline
800/367-2437

AIDS Drug Hotline 800/334-7422

UC Davis Medical Library (MED-LINE) 916/453-3529

Persons with AIDS (PWA) Hotline
800/367-2437 or 415/861-7309

National Association of People with AIDS
2025 Eye St., NW, #415, Washington, D.C. 20006

Teen AIDS Hotline 800/234-TEEN
National Library of Medicine
(for subject searches).
AIDS LINE: 301/496-6095

The NAMES Project
Educating the world by remembering those who have died of AIDS by creating memorial quilt panels with love.
2362 Market St., San Francisco
Phone: 415/863-5511

California State University, Sacramento, Health Center
Place: 6000 J St.
HIV info line: 916/278-6461

California Association of

AIDS Agencies 916/447-7199

HOPE HOUSE 916/446-0874

LIFE AIDS Lobby 916/444-0424

Sacramento County AIDS

Services/Information 916/366-2922

San Francisco AIDS Foundation
415/864-4376

State Office of AIDS 916/445-0553

Stop AIDS Project 916/442-5801

Suicide Prevention 916/368-3111

Teen AIDS Hotline 1-800-234-TEEN

Women's Civic Improvement Center (WCIC) 916/424-2862

Religious Services

River City Metropolitan Community Church (RCMCC)
Place: 2741 34th St., Sacramento
Phone: 916/454-4762
Sunday Worship Services: 9 a.m., 11 a.m. & 6 p.m., Sunday School during 11 a.m. worship for Children 2-12. TV ministry on Channel 17, 7 p.m.

Newspapers
Available at LAMBDA Community Center

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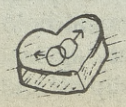


Observe National Condom Week
February 14-21

Condoms & Lubricants

by Sonya Cox and Joe Chase

Loving one another? Doing it safely, with gusto ... We often hear the expression "use condoms correctly," but what does it mean? How complicated can it be? Let's have some straight talk.

Condoms ("RUBBERS")

(1) HIV virus cannot pass through intact rubber. It has been shown to leak through animal membrane sheaths, so the use of latex (rubber) condoms is much preferred to natural or sheepskin products. Ribbed or textured condoms can increase stimulation but may also damage genital tissues, thus increasing chances of infection. The virus cannot pass through undamaged skin; it can, however, pass through mucous membranes. It was previously thought that it could only pass through DAMAGED mucous membranes, but such damage is no longer thought to be necessary for transmission, so a barrier such as a condom will vastly decrease the risk factor.

(2) Store condoms in a cool, dry place away from direct sunlight (not in your wallet or glove compartment !). They should be good for two years; check expiration date printed on package of most brands.

(3) Put condom on after penis is erect, before contact with vagina or anus. If uncircumcised, retract the foreskin before putting on the condom.

(4) Pinch about a half-inch condom's tip to leave a small free air space to keep semen from bursting the condom upon ejaculation.

(5) If intercourse is continued to ejaculation, withdraw promptly. However, safety is increased tremendously if ejaculation takes place outside of partner's body.

(6) Be sure to withdraw before penis becomes soft. During withdrawal, hold the rim of the condom firmly against the penis so that it does not slip off and no semen can escape.

(7) If you don't have access to the "top 10 brands", it is logical to use any condom, rather than no condom.

(8) Do not reuse condoms.

(9) Put a condom on any toys (dildos, etc.) that will be used in the area of the vagina or anus. Do not share toys. Completely cover toys past the rim so that bacteria can't collect around the rim and be passed from one person to another. Be in control of all toys you use with another person; if toys are slippery, keep a firm grip on them.

(10) Use thin rubber gloves or finger cots to cover fingers, hands, or body parts that are being inserted into anyone else's body parts.

(11) Don't toss used condoms in the street where children can pick them up and make balloons out of them.

(12) Don't be afraid to stand up for your right to safe sex with EVERY partner on EVERY occasion. It takes only one slip to become exposed to the virus. Unsafe sex is now totally out of step with society and our community.

(13) And one more thing: Although it was once thought that there is so much acid in most people's saliva that the virus could not thrive there, unprotected fellatio (oral sex) has now been determined to be "high risk." Safety is increased if fellatio and cunnilingus are performed with a barrier to assure that semen, pre-cum, and vaginal fluids are not swallowed. Use a spliced condom, microwave-strength Saran Wrap (rose-colored is as popular as clear!), or other barriers during cunnilingus. Have safe oral sex!

The next time you see someone and say to yourself, "He's to die for," think about it. Is he?

LUBRICANTS

Always use lubricants (no, not spit) to help prevent condom tears due to friction breaks. Anal intercourse creates more friction on a condom than vaginal intercourse, and lubricants reduce the possibility of friction tears or breaks.

Pre-lubed condoms are a matter of personal choice and don't break as frequently. You may find that the lubricant on them is adequate, but many people want to add extra to provide more slip.

For maximum safety, use a lubricant or spermicide containing octoxynol-9 or nonoxynol-9, ingredients that have been shown to kill HIV, herpes, and other sexually transmitted disease germs. Lubes containing these ingredients are not effective enough to use alone, without a condom, but can provide back-up protection in case of condom spills or breaks. (Also, a handy bedside item is baby-wipes that contain nonoxynol-9.)

Octoxynol-9 is available in Ortho Contraceptive Jelly, and is often a good alternative for people who may be allergic or sensitive to nonoxynol-9. The proper percentage of this ingredient in lubes is important. At least 1 percent is needed to kill micro-organisms; check to see if the lube you've selected contains at least this much.

In general, the most important thing for you to remember is that oil and condoms don't mix! Use ONLY water-based lubes with condoms. Oil quickly weakens and often disintegrates condoms.

DO NOT use baby oil, mineral oil, Crisco, vegetable oil, Vaseline, cold cream or lotion. All oils and grease will disintegrate rubber condoms.

Don't dip into the same pot of lube from one partner to another. HIV may thrive in this warm, moist environment. Use a lube with a dispenser.

The following information can be used to select a product or combination of products that allows you to be both safe and uninhibited.

* KY jelly has numerous drawbacks as a lubricating gel, yet is probably one of the most widely known because people just haven't familiarized themselves with others on the market. KY jelly doesn't feel as slippery as other products, it seems to dry out faster, and it gets gummy. It's easy to squeeze out too much, and the overall sensation is simply not sensational.

* Spermicides such as Ramses jelly, Koromex, Conceptrol, Ortho cream and Gynol II are all water-based, they all contain 2-6 percent nonoxynol-9, and they were all designed for use with a diaphragm. But as a lubricant, they're not much fun either. The texture is firm and gooey, with a sensation against your body a bit more like rubber cement than a natural fluid.

* Astroglide and Probe are both "designer" lubes, sold mostly in sex boutiques, but nether contains nonoxynol-9. However, they seem to be good alternatives for people allergic to nonoxynol-9 and are liked by many people because of their maximum slipperiness and sensual texture.

* PrePair and ForPlay have been around for about 10 years, were the first to use nonoxynol-9 (although the percentage isn't listed in their ingredients description), and both have a good reputation for consistent quality. They have good slipperiness, don't dry out quickly, and wash off (and out of the sheets) well. The main problem seems to be the dispenser: if your hands are already slipper, it's almost impossible to get the top open. ForPlay's larger sized 16-ounce container is perfect, however, with a pump dispenser.

* Lubes that Taste: Nonoxynol-9 does not taste good and you don't want to use it for oral sex. Since several people have recently become HIV positive from oral sex (where infected semen came into contact with open sores in the mouth or gums), and unprotected oral sex has now been classified as a "risky" behavior, you should use a condom during fellatio. But you don't want to taste latex. A new line from ForPlay, called Sensual Succulents, contains flavors such as Passion Fruit, Wild Strawberry, Warm Cinnamon, Cool Citrus, Mandarin Orange, Green Apple, French Vanilla, and Au Natural. The flavor covers up the taste and smell of latex, but is not so overpowering as to be offensive. (And there's no rule that says they must be used only on condoms. Surely, you might think of other places where these can be spread that deserve a good licking!)

For more information on what's safe and what's not, look into the AIDS ForPlay's MENS session, an explicit workshop answering your questions about how to do whatever you may like to do the safe way.

It's not necessary to give up fun for safety. But it IS necessary to be sober enough to remember to have safe sex. Let's be honest: if you wake up some mornings and can't remember what happened the night before or how you got home, do you really think you remembered to use a condom?

More than 130,000 people in this country have now died of AIDS. Let's make it stop in Sacramento, where we've lost more than 500 to this disease so far. There's only one way to stop this disease from killing us, and that's to stop giving it to one another! Use these safe-sex guidelines to keep HIV to yourself and from your partners if you're positive, and to keep yourself negative. The next time you see someone and say to yourself, "He's to die for," think about it. Is he?

Condoms Go National!

by Craig Spatola
Health Educator

Yes, it's true, condoms have been recognized on a national scale. Finally!

February 14-21 has been designated as National Condom Week, and to celebrate this auspicious occasion I have compiled information from what I could find in print and what I could solicit from health educators, outreach workers, and people on the street.

People call into the LAMBDA Center on a regular basis asking all kinds of questions about condoms -- which kind of condom is better, lambskin or latex? Should you use a lubricated or non-lubricated condom? Which is best for oral sex? Which for anal or vaginal? What is the difference? Which condom is most comfortable?

Here are some answers to those questions and a few suggestions as well.

Most condoms are made of latex (rubber), but some are made of animal skin. These are called "natural skin" condoms. "Natural skin" condoms do not prevent the transmission of HIV or the germs that cause most STDs. They are successful in the prevention of pregnancy, but they are so porous that they allow organisms smaller than sperm cells, like HIV, to slip through. To protect yourself from HIV and other STDs, **always** use a latex (rubber) condom.

Some condoms come with lubrication already on them. For oral sex, non-lubricated condoms are better, since they are least likely to have a bad taste or smell. For anal or vaginal sex, most people find that lubricated condoms work the best. It is important, however, that you use additional lubricant other than what is found on the condom.

Always use a water-based lubricant, **never** a water soluble or petroleum-based lube such as Vaseline. Water-based lubricants provide protection from friction, which can cause condom breakage. Placing a drop of lube inside the tip of the condom before putting it on, as well as applying lubricant liberally on the outside of the condom after putting it on, increases the pleasure for both partners.

Comfort is hard to define. Some men prefer snugger fitting condoms, some don't. Some people like textured or colored condoms, and some like flavored condoms. If you aren't sure which condom is most comfortable and appealing, try several different types until you find one that is most efficient and pleasurable.

The most popular condom for anal and vaginal intercourse is the Crown ('skin-less-skin'), an ultra-thin lubricated latex condom made by Okamoto. It has the highest overall rating for comfort, taste/smell, and strength.

For oral sex, the Gold Circle Coin, a non-lubricated latex condom made by Safetex Corporation, scored very high in comfort, taste/smell, and strength.

The accompanying chart provides a guide to the 10 most popular condoms and some reasons why.

NAME	LUBE	MANUFACTURERS	COMMENTS
Crown	yes	Okamoto	A,E,J,L
Gold Circle Coin	no	Safetex Corp.	A,H,I,L,P
Kimono	yes	Mayer Labs	B,F,J,L,P
Kiss of Mint	no	Ansell Inc.	D,F,I,L
Maxx	yes	Mayer Labs	B,F,J,L,N,P
Beyond	yes	Okamoto	B,E,J,L
Sheik	yes	Schmid	A,F,I,L,P
Ramses	yes	Schmid	D,F,J,L,P
Lifestyles SnugFit	yes	Ansell Labs	C,F,J,M,P
Mentor	yes	Mentor Corp.	B,G,I,L,O

A almost no flavor
B mild flavor
C medium flavor
D strong flavor
E very thin
F thin
G medium thickness
H very thick
I smooth
J light bands
K strong
L very strong
M slightly strong
N slightly larger
O adhesive strip
P easy to find

One condom that I have heard rave reviews about, but cannot find (and subsequently will not recommend), is the Blacky, a black latex condom manufactured by Fuji Latex Co., LTD. of Tokyo, Japan. They used to be distributed by Circle Rubber U.S.A., but are no longer, since Circle was acquired by Safetex Corp. If anyone knows where they can be obtained, please call me at the Center, 442-0185.

Heterosexuals Transmit 75% of Worldwide AIDS

by Clare Nullis
Associated Press

GENEVA -- Heterosexual sex is the method of infection for 75 percent of people with the AIDS virus worldwide, and is increasingly the pathway for the virus in Western countries, the World Health Organization (WHO) has said.

The majority of the heterosexually infected people are in the developing world, particularly in Africa, and this group is still only a small percentage of the total AIDS cases in North America and Europe, the Geneva-based agency said in an extensive report.

The U.N. group says up to 5,000 people are infected each day around the world, and officials fear an increase in pregnant women infecting their babies.

Concern about heterosexual transmission of the AIDS virus was heightened after basketball star Earvin (Magic) Johnson announced he had the HIV virus and said he had no homosexual affairs.

In the United States, 3 percent of men and 34 percent of women contracted the virus from a person of the opposite sex, according to the Centers for Disease Control in Atlanta.

"It is not easy to change sexual behavior, but hopefully with more people like Magic Johnson coming out and talking about their illness everyone will realize they are at risk and take more care," said Dr. Michael Merson, head of the U.N. health agency's AIDS program.

Merson said large-scale effectiveness tests of possible AIDS vaccines were planned for Thailand, Uganda, Rwanda and Brazil -- nations with some of the highest AIDS rates. The tests -- which will involve several thousand volunteers -- mark a departure from previous approaches favoring early testing on animals.

About a dozen potential vaccines to slow or halt the onset of AIDS are being tested on smaller groups in the United States and Europe, and several more may be available. The larger trials are likely to be ready "within a couple of years," Merson said.

An estimated 8-10 million adults carry the human immunodeficiency virus that leads to AIDS. The agency has predicted 40 million adults and children will have HIV by 2000, and a growing percentage may be children or people infected through heterosexual sex.

WHO said heterosexual intercourse was "overwhelmingly" responsible for the spread of HIV in sub-Saharan Africa, where an estimated 6 million people carry the HIV virus and 900,000 babies have been infected by their mothers.

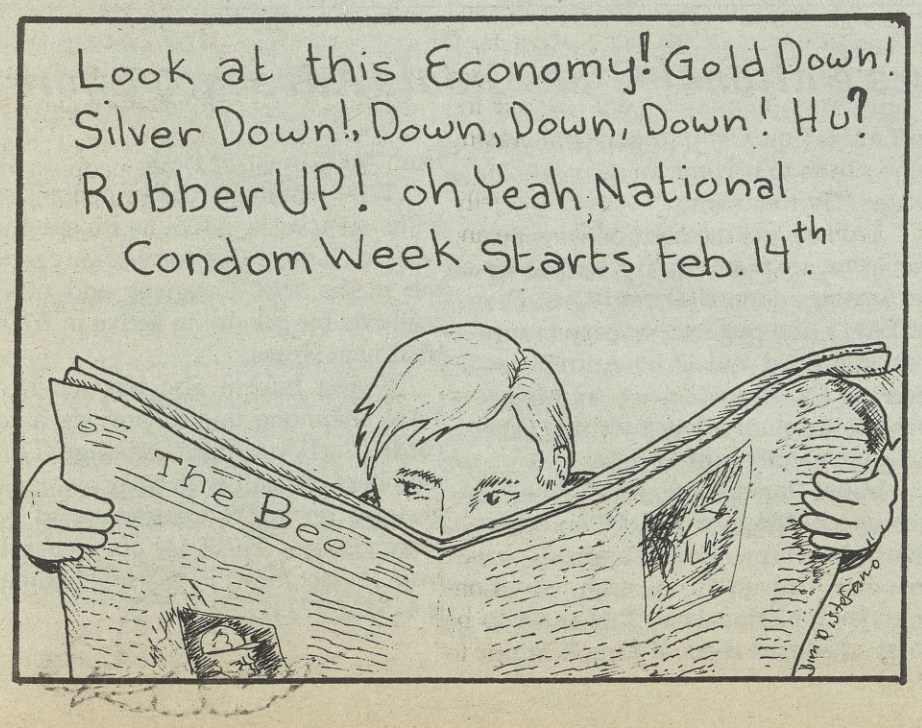
In Asia and Latin America, the virus is also spread mainly through heterosexual practices, said the agency.

WHO also said a rise in female AIDS sufferers has led to a "striking increase" in mother-to-child transmission.

Between 1985 and 1990, the number of childhood AIDS cases rose fourfold in the United States and five times in Europe, WHO said.

"Most HIV-infected women are of childbearing age and worldwide approximately one in every four babies born to infected women is itself infected," a WHO statement said.

-- Cleveland Plain Dealer


Look at this Economy! Gold Down! Silver Down!, Down, Down, Down! Hu?
Rubber UP! oh Yeah, National Condom Week Starts Feb. 14th.
The Bee

Fox Network OKs Condoms Ads

Associated Press

Fox Broadcasting Co. has become the nation's first broadcast network to accept condom commercials.

The network announcement comes after basketball star Earvin "Magic" Johnson announced he had tested positive for the AIDS virus.

Paid advertising will be accepted only if condoms are promoted solely as a method for preventing transmission of the deadly virus. References to contraception will not be allowed.

-- The Sacramento Bee

In The News

HIV Tests Often Hidden From Insurers

by Michael Fleeman
Associated Press

LOS ANGELES -- A blood test required by insurers led to Earvin "Magic" Johnson telling the world about his AIDS infection, but many people keep such test results secret out of fear they'll lose health insurance.

Even in California, the only state to outlaw denial of health insurance on the basis of an HIV test, residents are so suspicious of insurance companies that they take the test anonymously, often with their doctor's help.

"There is a general feeling of paranoia among patients," said Dr. Victor Beer, whose Los Angeles clinics administer free, confidential AIDS virus tests. "The insurance industry, with respect to patients in the HIV area, has become horrible and a nightmare."

Advocates for people infected by the human immunodeficiency virus say that despite the L.A. Lakers star's revelation, Americans have compelling reasons to conceal HIV test results.

California activists say the law doesn't offer full protection. Outside the state, insurers may deny coverage on the basis of a positive HIV test, while in many states patients testing positive are reported to public health officials. In every state, life insurance companies can require HIV tests for applicants.

"It's not automatic that they'll cancel your coverage," said Jacques Chambers, insurance counselor at AIDS Project Los Angeles. "There are some insurers doing a very good job."

But people changing jobs could face problems. Many employees who test HIV-positive stay in their jobs for fear that their new employers' insurance carriers will turn them down.

The plight is worse, though, for people covered by the small-group and individual policies usually written for employees of small businesses, rights advocates say.

One big AIDS case could cripple a small insurer, and doctors and patients tell of insurers that increase premiums to staggering levels or cancel clients outright.

-- Sacramento Bee

Insurers Surviving Epidemic

by Dan Piller
Fort Worth Star-Telegram

When the AIDS epidemic began to be understood in the mid-1980s, the insurance industry feared that a crush of claims for medical and death benefits would drag underwriters into a financial calamity.

So far, that hasn't happened. The nation's life and health insurers paid $1.2 billion in AIDS-related claims in 1990 and expect to pay more this year. That figure compares with $292.2 million in 1986.

But those numbers are just a drop in the bucket of total claims paid by life and health insurers. Industry figures show that in 1990, AIDS-related claims amounted to 2 percent of all individual life insurance claims, 3.5 percent of individual health insurance claims, and less than 2 percent apiece for both life and health group policy claims.

The claims would be larger, industry people say, if not for blood testing and better management of the disease. Also, the number of AIDS cases has fallen short of predictions made in the mid-1980s.

Those numbers come from the insurance industry's two largest trade organizations, the American Council of Life Insurance and the Health Insurance Associations of America.

"It is important for early diagnosis, so that patients can be put on medications that allow them to stay at home and live relatively normal lives," says Miriem Harris, general counsel for American Service Life Insurance Co. of Fort Worth. "The avoidance of hospital stays is the major way to reduce the costs of the disease."

Still, the insurance groups caution that the number of AIDS cases that pass through the insurance industry might be understated because it believes that much paperwork -- including death certificates -- don't give a specific diagnosis of AIDS.

Nationally, private insurers pay about 40 percent of AIDS-related health care costs, according to Health Insurance Association president Carl Schramm. Most of the remaining costs are borne by Medicaid or charitable groups.

The connection between AIDS and insurance was highlighted when basketball star Magic Johnson revealed that he learned he was HIV-positive when his blood was tested for eligibility to purchase life insurance.

Such tests are legal in California, Texas and elsewhere after being upheld in various court challenges during the late 1980s.

Blood tests were at first vigorously opposed by AIDS activists and civil libertarians. Insurance executives responded that they needed a way to determine their exposure to the disease. Several court cases in the late 1980s upheld the right of insurance companies to require tests.

Of particular concern is the fact that AIDS, unlike cancer or heart disease, tends to strike adults earlier in life before they have paid enough premiums to provide an underwriting base for future claims.

"In the period from 1986 to 1991, AIDS-related claims amounted to fourtenths of 1 percent of life insurance claims," said New York Life spokesman David Palmer. "Our total AIDS-related claims for all policies was 1.6 percent of total claims."

Insurance experts say, in the words of the industry association's report, that "the increased incidence of HIV infections among intravenous drug users -- who are more likely to be covered by Medicaid programs than by private insurance -- may also be relevant."

-- The Sacramento Bee

Study Says Women Die Faster From AIDS

According to a Yale University study, women who contract AIDS die faster than men, while most research into the disease excludes women. The study released last November by Judith Rodin, professor of medicine and psychiatry, found women die 20 percent sooner than men once the first AIDS symptoms appear. The study also found women are 12 times more likely than men to be infected during heterosexual intercourse with an HIV-positive partner.

Rodin spent six months reviewing more than 200 research articles and compiled the findings from the mosaic of results. The review is the most comprehensive examination of research into AIDS and women yet. The findings suggest that more medical and research attention must be focused on women infected with the HIV.

Rodin said relatively little is known about the course of AIDS in women, and that researchers could not explain why women are likely to die from the disease more rapidly than men. Possible reasons, she said, are that often the first symptoms in women are vaginal infections that may go undiagnosed for a long time, and that women may wait longer than men to seek treatment because the women tend to be poor and lack ready access to health care.

In 1989, about 10,000 women were diagnosed with AIDS in the U.S. As of September 30, 1991, the number increased almost 100 percent to 19,796.

-- Southern Voice

Project Inform Launches National Grass-Roots Advocacy Effort

Project Inform, the non-profit HIV/AIDS treatment and research organization, has launched Treatment Action Network, (TAN), a grass-roots advocacy group. TAN is a national network of activists which contacts elected officials, government administrators and drug companies on critical HIV treatment and research issues. It was started by four HIV-positive volunteers as a way for people affected by AIDS to speak out.

TAN organizers are asking the more than 50,000 people who regularly receive information from Project Inform to become members, said Paul Wisotzky, one of the TAN founders. Membership in TAN is free, and it's open to anyone who wants to become an advocate for better HIV treatments.

TAN advises members on ways they can influence public policy, such as letter writing and media campaigns. One of TAN's first projects has been to support the Food and Drug Administration's "accelerated drug approval" process through a letter writing campaign to members of Congress.

Initial startup costs for TAN have been provided by a $10,000 contribution from a former Project Inform board member, Donald C. Knutson, the cofounder of National Gay Rights Advocates. Knutson died of complications from AIDS in April 1990.

TAN members receive action bulletins on specific AIDS treatment and research issues, tips for working with the media and Congress and other methods for becoming active in AIDS treatment issues.

Project Inform also has set up a TAN telephone line to provide a recorded "action update" message. TAN members can call with their own suggestions on AIDS treatment and research issues. The TAN line, separate from Project Inform's toll-free hotline , is 415/626-7231.

HIV and Social Security

by John E. Yarling
Executive Director, AIDS Counselors
San Francisco

Recent changes in the way the Social Security Administration determines eligibility for HIV-related disability payments have received wide coverage in the media.

These reports have inaccurately portrayed the changes as steps to speed the granting of disability payments. While it is true that some people will benefit under these changes because of some added HIV infections, the new procedures involved may draw out, rather than expedite the claims procedure. Also, some people may be unable to qualify for disability payments under the new definitions proposed by Social Security.

First, the new rules only pertain to the Supplemental Security Income (SSI) program. SSI provides a minimum payment to people who do not have recent work histories or whose payments into the Social Security retirement fund do not qualify them for an adequate Social Security disability payment. The new rules apply to people who are seeking presumptive disability determinations to speed receipt of their payments. People with certain forms of HIV infection (for example, pneumocystis pneumonia, PCP) will not experience any change in the procedure involved with filing a claim.

People who apply for Title II disability benefits (often known as "Social Security"), will still have to wait five months from the onset of their disability to receive a payment.

Second, the new rules introduce a more complicated process by which disability claimants must prove to the Social Security Administration that they are unable to work. Previously, claimants could produce a "letter of AIDS diagnosis" from their doctor and satisfy much of the medical evidentiary requirements. Now, they must produce a two-page form which their doctor must fill out including the results of an HIV test which their doctor has in his/her records. Many people have received their HIV tests from sources other than their physician. Often the test was administered anonymously so no record exists attached to their name. This means they will have to get another test and wait for the results to reach their doctor's files before filing their claim.

Third, the new requirements stipulate that physicians document and certify the inability of their patients to perform such routine daily tasks as going to the post office. In some cases, physicians may be required to make advanced psychological findings about their parents, or be able to certify functional deterioration over an extended period of time. This is problematic for many claimants and their doctors, but especially for SSI applicants who tend to rely on the public system of health care rather than on a personal physician with whom they have had a long relationship.

Fourth, Social Security is changing the way it treats two infections previously classified as "disabling AIDS." Kaposi's Sarcoma (known as "KS"), which now must be accompanied by significant functional deficiencies to qualify a claimant for benefits; and extrapulmonary tuberculosis (a common infection among injection drug user, among others). Social Security has dropped this infection altogether from its list of AIDS diseases.

The Social Security Administration began implementing the new rules on December 17, 1991. For 60 days, however, it is considering public comment and might revise these rules if sufficient public concern is expressed.

When people qualify for SSI payments, they are also qualifying for Medi-Cal, the state health program for low-income and disabled people. Without it, they may have no way to pay for the health care they need.

There are favorable aspects to the new rules. Infections previously not covered for "presumptive eligibility" are now included. And every Social Security Office will have to appoint an HIV coordinator, whose job it will be to insure that AIDS and HIV claims are processed properly.

-- The Sentinel

Accept

Continued from page 1

No, a caring society would grieve for the losses that diminish us all. It would grieve, instead of turning away, and it would fight back.

Many years ago, a friend explained to me the slight feeling of sorrow that tinged his joy on learning of his son's birth.

When he closed his eyes, he could imagine the generations of his family lined up, one behind the other, at the edge of a steep cliff. His elderly father stood at the front of the line, teetering on the edge, and the much-anticipated son was the last of the line, pushing and nudging ever so gently but insistently.

With time, the pressure of the generations -- the inevitable ebb and flow of life -- would push his elderly father off the cliff. With his son's birth, my friend knew he was next.

In life, there is death.

Or, as Stan Hadden once put it, "Life is fatal."

Of course, it is.

In the long run, no one gets out alive.

But AIDS has interrupted the ebb and flow, the cycles of the generations that tell us that something's terribly out of kilter when a father buries a son, when a mother mourns her children or her grandchildren.

So why, when thousands of parents are burying their young men and women, do we not care?

It was inevitable, I think, that one of the speakers at Stan Hadden's memorial service would see fit to point out that it's the quality, not the quantity, of life that matters the most.

By all accounts, Hadden -- whom I never met -- led a life of quality, a life filled with contributions, a life that ended quietly and with dignity.

Yet with a little more quantity to his life, with a little less urgency in the footrace against the inevitability of death that none of us can win, imagine how much more Stan Hadden could have contributed.

Imagine how many more lives he could have touched, and maybe -- somehow, one day -- helped save.

-- Sacramento Bee

Stan

Continued from page 1

of those living with HIV/AIDS, he reached out to assist and support programs in the other states of the nation, Canada, France, Germany, including the World Health Organization.

Many of the programs that Stan was involved in developing included many controversial, yet visionary, agendas such as the clean needle-bleach campaign in 1985, anonymous test sites, design of the regions by which California directs HIV prevention and education projects, development of the first community based organizations and the funding components that made them possible, just to name a few. Stan, with the support of countless individuals, seized an opportunity to begin what is probably the largest campaign for human dignity since the civil rights movement. Although government tried to ignore the AIDS epidemic, Stan was, and is, a continual reminder. An unrelenting voice of compassion, dignity and hope.

Although physically, Stan is not amongst us, his spirit goes on for eternity. He continues to be a drive to the AIDS and Lesbian and Gay communities. A legacy lives forever, and Stan's energy and fervor for what is right and just will live on in all of us.

If a single word were to be used to describe what motivated Stan throughout his work and life it would have to be HOPE.

Former PSSN Editor Attacked

Arturo Jackson III, former *PSSN* editor, is "fully and completely recovered" and has returned to work after suffering a stab wound which penetrated his left lung during a gay bashing incident in San Francisco in December 1991.

The attack occurred after Arturo and a friend left the Eagle Bar, south of Market Street, one evening about 10:30. A young man who was part of a group which had been hanging around outside of the bar, moved in front of the pair and began beating Arturo's friend with his fists.

"I noticed the flash of the knife the man held in his hand as I instinctively began to kick him," Arturo recalled. "His attention quickly turned to me, he jumped up and dealt a blow to my chest."

Seeing the group of men moving toward them, Arturo and his friend ran and were assisted by two leathermen. Immediate treatment at San Francisco General Hospital revealed that Arturo had suffered a collapsed left lung from the knife blade, which had come within two inches of his heart.

Arturo complimented San Francisco law enforcement officials for its ongoing pursuit of the attacker, and the FBI which is investigating the case as a hate crime. He also thanked friends and associates in the Sacramento area who "gave me a lot of support. I certainly appreciate it."

At the same time, he cautioned lesbians and gay men: "We can't allow ourselves to be careless. We must be constantly aware of our surroundings and of strangers."

A resident of San Francisco, Arturo is on the City and County Public Health Department AIDS Office staff. He also is an HIV writer for *The Sentinel, the latest ISSUE* and *PSSN*.

Looking for a support group? Check the listings in this issue's
Resource Guide

In The News

Tree

Continued from page 3

land, Harvey Thompson, Kevin Adams, Kent McGeachy, John Paddock, Mark Feldman, Duane Patterson, Joann Ruiz, Beau Davis, Tim, Scott, Massimo Marcone, Joanne, Tony Alvarado, Lars Kringle, Doug Clark, Steven Parker, Ken, Kathy O'Donnell, Randy, Donald Wilson, Robert Kipper, Jim Pisciotta, Lupe, Joseph, Doug, Don Mora, Steve Johnson, Duane Harris, Bill Nuxoll, Steve Borkovic, Bob, Ron Kershaw, Ray Avels, Robert Ross, Dale, Gilberto Lopez Jr., Michael McDale, Chuck Driggers, Randy Kimm, Eric, Timo Butters, Felex, Don Angelica, Tim Keleka, Bob Franze, Al, Bob Langley, Barry Conley, Andrew, Paul Sullivan, Steve Quillard, Al Adami, Ted Hathaway, Ken, Bob, Eric Durr, Kevin Gallery, Scott, Pierce Gilbert, Neil Leatham, Rev. David Meyers, Ken Porter, Brian King, Mario, Freddie, Lazlo Nemeth, Mathew Taesali, Mitch Martinez, Little Frank, John Comon, Ric Hand, David Lutz, David Burnside, Rick, Larry Fernandez, Ken, Bill, Kim, Peter, D.M., Michael Taylor, David, Harrison Cultra, David Castro, Scott Palmer, Randy Pike, John Sanchez, Robert Torrey, Kimberley Laydon, Stephen, John Souza, Hintz Yeargin, Jim Wagers, Jeff Boudov, Dan, Robert Files, Jim Weston, Will Tucker, Philip Jasowitz, Kim Christensen, Ennis Chastain, Tony M., Mark Minix, Luis Maura, Mike, David Brown, Will, G. Ramos, Dale Diggs, Clifford Hager, Amador Gonzalez, Mal Renough, Larry Nemi, Norman Edwards, Jerry Faler, Steve Wilford, Eric Garbutt, James, Brian Thorensen, Dennis Elliot, Bill Lemen, Clay Scarborough, Richard Nelson, John Hickman, Gary, Barry Lee Korziol, Scott Oatman, Michael Lewis, David Yoder, David Lebron, Don White, Kenneth Rumburg, Neal Lo Monaco, Michael Kalanquin, John Van Hulton ...

AFFIRMATION

It's only a thought and a thought can be changed.

AIDS Protection Ordered for Workers

by Marlene Cimons
Los Angeles Times

WASHINGTON -- The federal government has announced mandatory regulations to protect workers who may be exposed on the job to blood and other substances that can carry dangerous organisms, such as the viruses that cause AIDS and hepatitis B.

The regulations, issued by the Department of Labor's Occupational Safety and Health Administration (OSHA), put full legal force behind standard infection control procedures, known as universal precautions, which thus far have been only voluntary. They cover all health care facilities, such as hospitals and nursing homes, and include even small medical practices.

The new standards, to take effect in March, will cover an estimated 4.9 million health care workers and another 700,000 Americans who routinely come in contact with blood or bodily fluids on the job.

Included are people in law enforcement, fire and rescue squads, corrections facilities, research laboratories, the funeral industry and linen services.

The rules require employers to provide, at their expense, voluntary vaccinations for employees to prevent hepatitis B, which is considered the greatest health risk to health care workers. There are an estimated 5,900 to 7,400 cases of occupational hepatitis infection annually.

The regulations also require employers to institute engineering controls in the work environment, such as puncture-resistant containers for used needles, and protective equipment, such as gowns, gloves and masks. The rules also require employers to enforce certain work practices that reduce infection, such as hand-washing.

OSHA officials predicted that the new rules will prevent more than 200 deaths and 9,200 blood-borne infections every year. There have been 46 cases of occupational transmission of the human immunodeficiency virus, which causes AIDS, since the epidemic was discovered in 1981.

OSHA estimated the annual costs of the rules at about $821 million, which it said was less than two-tenths of 1 percent of revenues -- $475 billion -- for all affected industries. The average annual cost would be $1,100 for an individual physician's office, and $872 for a dentist's practice.

Penalties for non-compliance can include fines and possibly jail terms.

The president of the Service Employees International Union of the AFL-CIO, John J. Sweeney, said his union -- the largest union of health care workers in North America -- has been fighting for mandatory universal precautions since 1986 and was "disappointed that it took five long years for OSHA to act," but said he hoped the agency "will make up for its delay with strong, swift enforcement of the new standard."

-- Sacramento Bee

AFFIRMATION

The past is over.

Hellena

Continued from page 3

Dear Desperate,

Miss Hellena sympathizes with your frustration. It is particularly awful to feel unappreciated -- so demoralizing. And not having a boyfriend on Valentine's Day does rather bring it home, doesn't it?

However, you do realize that the responsibility for changing this situation lies squarely with you. Unfortunately, no one is going to come along and rescue you from this one -- and actually, you wouldn't want them to, as taking responsibility for our own dilemmas is the first step towards solving them.

If you could sit yourself down and, without beating yourself up, look to see what you might be doing that is blocking you from having the kinds of relationships you want. Are your standards maybe impossibly high, and as such, unmet? Or, if you are feeling desperate, could your standards be set too low? If you are trying to relate to dishonest or dysfunctional people, that won't work. Or have you maybe forgotten how actively you have to put yourself out into the world in order to be appreciated? Do see if you can identify what might be blocking you, and then see if you can't figure out how to begin to change. Sometimes, asking a friend for advice can be helpful, but most often this is work we have to do for ourselves. As far as your immediate prospects are concerned, it's not too late for this February 14. A boyfriend might be too tall an order, but you can take steps ...

Maybe ... you could ask two or three friends over for a scissors-and-paste, hands-on Valentine making party.

Did You Know ...
All oils and grease will disintegrate rubber condoms?

Ask each of them to bring a single friend. Pop some popcorn; if you have a VCR, rent a romantic comedy (like *"The Awful Truth"* with Cary Grant and Irene Dunne -- her hats are perfection, trust me) or something cynical and brittle like George Cukor's *"The Women"* (he was family.) Red construction paper is traditional (and cheap)but other things will do as well -- Chinese newspapers, grocery bags, leopard-print wrapping paper -- be traditional, be wiggy, be adventuresome -- but MAKE SOME VALENTINES!

Then (this is the important part) be sure to SEND Valentines (whether you actually made them or, after all just bought them) to several men you like -- they could even be friends. Remember, you are not the only one who might be feeling unappreciated and blue on February 14. If you get really brave, send someone you admire a box of condoms and a bottle of lube -- actually a very romantic gesture, as it says you want to be close and safe. (And unlike chocolates, condoms are lo-cal and absolutely non-fattening ... and I believe that sex is supposed to stimulate the same part of the brain as chocolate does.)

You know best what you are comfortable with, but I encourage you to push your limits at least a little, and take a (healthy) risk.

Finally, as a general piece of advice: if the men you long for are not interested, be sure you don't just drop them: remember, they have friends, too, some of whom are bound to be single and available.

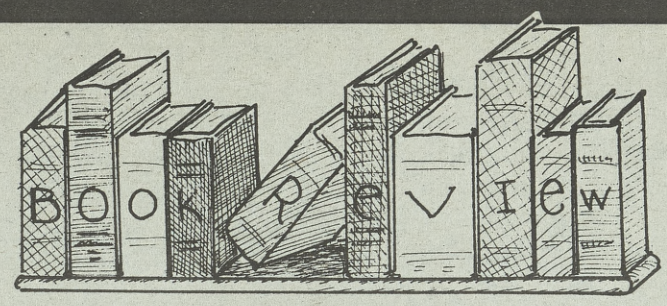
Don't give up the ship, Don't feel sorry for yourself, and remember (as my sainted Grandmother used to say) "It's a great life if you don't weaken!"

Love, and good luck from,
(Miss) Hellena Handbasket

Miss Handbasket welcomes your questions on a variety of subjects, including safer sex, HIV, affairs of the heart, social and sexual etiquette, or indeed, any subject you may deem important.

Please address your letters to: Miss Hellena Handbasket, c/o PSSN, LAMBDA Community Center, 1931 L Street, Sacramento, California 95814.

Books



How to Find Information About AIDS by Virginia A. Lingle, MSLS, M. Sandra Wood, MLS, MBA; Harrington Park Press, Inc., 12 West 32 Street, New York, N.Y. 10001.

Reviewed by Michael DeHart

Since the beginning of the AIDS epidemic a broad spectrum problem has presented itself: How to provide accurate and up-to-date information regarding AIDS and its multifaceted challenges. Considering the numerous and diverse paths leading to information on AIDS and related subjects, a map of the information routes available becomes an imperative tool. Fortunately, *How to Find Information About AIDS* is just that map.

One chapter is dedicated to Organizational Resources. Organizational Resource listings contain group names, contact numbers, and addresses. It also states whether the listed group is a national or local organization and in many cases gives a brief description of services or publications provided by the listed group. National groups listed deal with lobbying, coordinating research efforts and providing funding as well as producing and distributing educational materials, providing speakers and conducting workshops.

The next chapter gives listings of health departments for each state. This chapter is a great place for those new to the AIDS issue. The departments listed here not only maintain their own services and publications, but also serve as a referral service to other helpful, informational groups.

Research Institutions, Grant Funding Sources, and Federal Agencies are listed in the next chapter. Organizations in this chapter range from universities to the US, Food and Drug Administration to the Centers for Disease Control (CDC). Information ranges from clinical trial data to financial benefits for persons with AIDS.

"Hotlines" are also noted. Anyone who has utilized hotlines will attest to the fact that hotlines not only provide much information, they can also give you names and numbers of other more obscure groups. These hotlines range from an AZT information line to Project Inform, representing both traditional treatment forums to the latest information on current "underground" studies.

For computer users there is "Computerized Sources of Information." Databases included are generally those most frequently used by AIDS interest groups, physicians, and home-hackers. Full descriptions of major databases are provided with a smaller segment on less-frequented databases.

"Print Sources of Information" leans primarily to the professional health sciences, literature, where major developments in research are reported. Also included are print sources of more "underground" treatment studies including but not limited to John S. James' *AIDS Treatment News.*

"Audiovisual Producers" focuses primarily on videocassette-producing groups, however it did not seem to contain enough reference to "Alternative Treatment" video groups.

At the end of the book is a Geographic Index. Listed are each state and a small number of AIDS-related organizations on the statewide level. Not clarified here, however, is the qualifying status for inclusion in this section.

How to Find Information About AIDS is a concise, informative reference publication. Clear enough for the beginner yet inclusive enough for the medical/holistic expert, it provides information about all levels of AIDS-related problems and challenges. This long-needed atlas of AIDS services and directories is now widely available and should prove a valuable tool for all interested parties.

(*How to Find Information About AIDS* has been donated by the publisher and is in the permanent collection of the LAMBDA Community Center).

Night Kites by M.E. Kerr, Harper Trophy, $3.50, ages 12 and older.

Reviewed by Judy Green
Sacramento Bee staff

When author M.E. Kerr molded an incident in her hometown into a novel for young adults, she had only an inkling that she was setting a time bomb. For nearly five years it ticked as she wrote other novels.

When the New York author accepted the 1991 California Young Reader Medal for her dramatic, sensitive novel about homosexuality and AIDS, she told a ballroom full of teachers and librarians how principals used to meet her outside of schools where she'd been invited to speak and ask her not to talk about that book. *Anything* but that book.

Her listeners were attending the California Reading Association convention, the group helps sponsor the Young Reader Medal award.

That book is *Night Kites.* About halfway through the fast-paced tale of teenagers groping with young love and friends, 17-year-old Erick Rudd learns that his adored older brother is gay and has AIDS. The news shocks Erick's upper-middle-class WASP family. At about the same time, Erick falls in love with his best friend's girlfriend, who, like Erick's brother, walks a different path. However, hers is simply a flamboyant eccentricity that deviates from the pom-pom girls' idea of an in-crowd.

In accepting the Young Reader Medal, the author of 16 books for young adults talked about the incident that prompted her story.

"In 1983 a young man in our town came home to die," Kerr said. "He told his parents he was gay. It was a great shock to the community; at the time the disease was called 'gay cancer.'

"The boy came from a prominent family in East Hampton, New York. That year none of the caterers would come to the house for the family's Christmas party. When the boy needed nursing, none of the nurses would come."

Kerr said she hesitated at first to write the story because the subject was taboo in the classroom.

"What a long way we've come," Kerr concluded.

With Los Angeles Lakers basketball star Magic Johnson's revelation that he is infected with the HIV virus, the disease is getting more attention than ever. Teenagers are demanding preventive information from parents, many of whom still have trouble discussing sex and birth control.

Published in 1986, Kerr's novel takes a tame yet frank approach to the disease. Not only is it good drama and a well-written story about understanding people who walk a different path, it's more timely than ever. The time bomb has exploded.

Although the book is not generally available in Sacramento, it is in print and any bookstore can order it.

The California Young Reader Medal annual award results from a yearlong reading program conducted through the schools statewide. Teachers and librarians nominate books that students read and vote on; their votes determine the winner. This year about 500,000 students participated in the program.

-- Sacramento Bee

AIDS CLINICAL TRIALS INFORMATION SERVICE

The AIDS Clinical Trials Information Service (ACTIS), sponsored by the U.S. Public Health Service, offers up-to-date information on federally and privately sponsored HIV/AIDS clinical trials and drugs used in the trials. To access te service call 1-800-TRIALS-A.

Needle

Continued from page 6

ease spread to drug users, to see the disaster," he said.

In New York, HIV infection has spread to nearly 70 percent of intravenous drug users and is now a heterosexually transmitted virus, said Flynn.

In Sacramento, 4 percent of the methamphetamine and cocaine users have the virus, according to UC Davis studies, said Flynn. "So we are on our way."

Sacramento's top law enforcement officials are opposed to the needle-exchange program, he acknowledged.

"But once the law is changed," Flynn said, "we can enlist their help on community advisory committees to set up a good program that can be studied and monitored."

It's not that simple, said Sacramento County Sheriff Glen Craig, who said he is opposed to an exchange program on several counts.:

"Nobody, nowhere, has come up with any information that indicates it works," he said.

"It is very naive to expect that a drug addict will use the needle one time and then throw it away. And, finally, under existing law it is unlawful, and I do believe it condones and supports the use of drugs."

-- Sacramento Bee

Classified Ads

Free numerology chart, send full name on birth certificate. Allow me to nourish your soul: Charles Perry, E-91467, P.O. Box 2000, Vacaville, CA 95696. Be kind to your soul.

Incarcerated SWM, 29, HIV+ looking for female pen pal. Must be looking for sincere friendship. Richard D. Glauner, #E93751, P.O. Box 2000, Vacaville, CA 95696-2000.

Television Production: Looking for people interested in reviving Gay-Lesbian-Bi local programming on cable TV. Free training available at ACCESS Sacramento (Call 456-8600 for info on courses & dates.) Early '92 start-up date! Call Ron Hatch 392-7025.

Forty-nine year old, balding, cuddly HIV+ Former Sacramentan now in Wyoming seeks someone to share cozy mobile home. HELP! Brian Bishop, 2998 Circle Drive North, Bar Nunn, WY 82601.

Ads encouraging unsafe sex practices, drugs and drinking, or those containing information deemed by the Editors to be of a derogatory or discriminatory nature in terms of race, HIV status, or other similar issue, will be rejected.

Want to Stop Smoking?

Too busy to
take a 7-week clinic?

The LAMBDA Center is
now offering
a Self-Help Program for
our community!

* A one time orientation meeting available any Monday 5:30
* Full program packet FREE
* Bob Hall, Licensed counselor available for free individual help.
* Free drop-in support group available, when you need that extra help!

Call Sue or Ron at the Center,
442-0185 for more info or
just show up any Monday at 5:30pm,
1931 L St., Sacramento

Make a resolution to volunteer with the Sacramento AIDS Foundation in 1992...

BECAUSE A LIFE DEPENDS ON IT!

Volunteering with the Sacramento AIDS Foundation to help those coping with the AIDS epidemic can be a true challenge, yet the rewards are immeasurable.

For more information, contact the Sacramento AIDS Foundation at:
(916)448-2437
920 20th Street
Sacramento, CA 95814

SACRAMENTO AIDS FOUNDATION

Providing care, advocacy and education to meet the challenge of HIV.

Announcing - the 7th Annual
Tim Warford Memorial Bowlathon

Sunday April 5th – Land Park Bowl

... Needed ...

Bowlers and sponsors – call Jerry Sloan at the Lambda Center for details.
Mon-Fri 10AM - 6PM 442-0185

LAMBDA COMMUNITY CENTER

20th & L Streets

Serving the gay and lesbian community since 1986

CENTER PROGRAMS

COMING OUT/MEN
Mondays 5:30-7:00 pm, at the Center, 1931 L St., Sacramento. Support group viewing "Coming Out" as a life-long process.

COMING OUT/WOMEN
Thursdays 6:00-7:30 pm, at the Center. Lesbian support group viewing "Coming Out" as a life-long process. Childcare available.

WOMEN'S RAP GROUP
Mondays 7-9 pm at the Center. Social support group for lesbians with weekly topics and a monthly potluck.

BEING ALIVE LIVING ROOM
Thursdays 2-5 pm at the Center. Drop-in social time for PWAs or HIV+ persons.

YOUTH RAP GROUP
Fridays 5:45 pm at the Center, Social support group for gay, lesbian, or bisexual youth under 21.

COMMUNITY OUTREACH AIDS RESPONSE PROGRAMS
Wed., Fri., Sat., Sun., times vary, so give us a call if you would like to join us!

It's Easy for You to Help!
Donations can be deducted from your payroll and designated for the LAMBDA Fund. Volunteers are needed for phones and outreach.

442-0185

Free Classified Ads Next Issue!

Please print ad as follows:

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Signature

SEND TO: PSSN Classifieds
LAMBDA Community Center
Box 163654
Sacramento, CA 95816